2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P99000111314

1. Entity Name

Principal Place of Business

EUGENE F. GUERRE, JR., M.D., P.A.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90150 023 ***150.00

12029 CORTEZ BLVD. BROOKSVILLE FL 34613			12029	12029 CORTEZ BLVD. BROOKSVILLE FL 34613							
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mail	ling Address)	IBILD IBILI BRILL BRILL B	(101 1104) 1141	II 01000 INUF			
			Suite	e, Apt. #, etc.	CHECK HERE IF MAKING CHANGES						
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Zip		Country	Zip		Country	5. Certificate of S	tatus Desired	□ \$	8.75 Addee Require	ditional d	
	6. Name and	Address of Curren	t Registere	d Agent		7. Name and Add	dress of New Reg	istered Ag	ent		1-
				_	Name						1
Guerre, Eugene F Jr. 12029 Cortez Blvd.				Street Addres		ss (P.O. Box Number is	Not Acceptable)		•		1
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	named entity sultions of registered		or the purp	ose of changing its r	egistered office or regi	stered agent, or both, in	the State of Florid	a. I am far	miliar with,	and accept	
SIGNATURE .	Signature, typed or pri	nted name of registered agen	t and title if app	licable. (NOTE:	Registered Agent signature req	uired when reinstating)		DATE			
After	r May 1, 2003 F	EE IS \$150.00 ee will be \$550.00 orida Department o	of State				n Campaign Finan und Contribution.	cing		0 May Be to Fees	
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	GUERRE, EUC 12029 CORTE	GENE F JR. Z BLVD.			TITLE	ADDITIONS/CH/	INGES TO OFFICE				(40/05)
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

352-848-0091

Daytime Phone #