

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

0369340 AV

**DOCUMENT # S08843**

1. Entity Name  
**MY DOCTOR, P.A.**

01-29-2002 90054 027 \*\*\*158.75

Principal Place of Business

**1200 S. MAIN ST.  
 SUITE 100  
 BELLE GLADE FL 33430  
 US**

Mailing Address

**1200 S. MAIN ST.  
 SUITE 100  
 BELLE GLADE FL 33430  
 US**



2. Principal Place of Business

3. Mailing Address

**12953 Palms West Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**202**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Loxahatchee, FL**

4. FEI Number

**65-0217699**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33470**

**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARLAND, MARTIN T.**

**1200 S. MAIN ST.**

**STE 100**

**BELLE GLADE FL 33430-4997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS HARLAND, MARTIN T. 1200 S. MAIN ST #100 BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARLAND, MARTIN T. 1200 S. MAIN ST #100 BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)