2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
07-06-2001 90209 045 ***150.00

DOCUMENT # S35790

1. Entity Name
CYNTHIA J. GUSTAFSON, M. D., P. A.

Principal Place of Business	Mailing Address
1001 EAST OCEAN BLVD. SUITE 105 STUART FL 34996	1001 EAST OCEAN BLVD. SUITE 105 STUART FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0253333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUSTAFSON, CYNTHIA J.
1001 EAST OCEAN BLVD.
SUITE 105
STUART FL 34996

7. Name and Address of New Registered Agent

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, 2001 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	D GUSTAFSON, CYNTHIA J. 1001 EAST OCEAN BLVD. STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: C. [signature] 1/17/01 561/220-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DH#535790
A00076105

Cynthia J Gustafson, M.D., P.A.
1001 East Ocean Boulevard, Suite 105
Stuart, Florida 34996
(561)220-8912 phone
(561)220-8913 fax

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

June 29, 2001

RE : FEI #0253333
2001 UBR

Our annual report, along with payment, check #800, was sent April 27th. The check has not yet cleared our bank. My bookkeeper contacted your office, and was informed that the report has not been received.

Enclosed you will find a copy of the report, as well as check #878, in the amount of $150. I am requesting that the late fees be waived.

Sincerely,

C. Gustafson

Cynthia J. Gustafson, M.D.