

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90129 042 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40000

1. Entity Name

REBECCA A. HAMILTON, M.D., P.A.

*NIC
 7/26/01
 Wm*

974856

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Medical Examiner's Office

3. Mailing Address
 Medical Examiner's Office

Suite, Apt. #, etc.
 70 Danley Drive

Suite, Apt. #, etc.
 70 Danley Drive

DO NOT WRITE IN THIS SPACE

City & State
 Fort Myers, FL

City & State
 Fort Myers, FL

4. FEI Number
 65-0347419

Applied For
 Not Applicable

Zip
 33907-2437

Country
 USA

Zip
 33907-2437

Country
 USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 L.M. Ploucha
 Street Address (P.O. Box Number is Not Acceptable)
 Atkinson, Diner, Stone et al P.A.
 1946 Tyler Street
 City
 Hollywood FL Zip Code
 33020-4517

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.

L.M. Ploucha, Esq.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/9/02

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/S/T/D	Rebecca A. Hamilton, M.D.	70 Danley Drive	Fort Myers, FL 33907-2437
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: Rebecca A. Hamilton, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-07-02

Date

(941) 277-5020

Daytime Phone #

CR2E034B (12/01)