

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S78835

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: THOMAS KNIGHT, M.D., P.A.

Current Principal Place of Business:

2021 NE 32 ST
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2021 NE 32 ST
LOGHHOUSE POINT, FL 33064 US

New Mailing Address:

2021 NE 32 ST
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 65-0301558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANFORD, J. SCOTT ESQUIRE
200 SOUTH HARBOR CITY BOULEVARD
SUITE 201
MELBOURNE, FL 32901

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, THOMAS M.D.,
Address: 2100 NE 32ND COURT
City-St-Zip: LIGHTHOUSE POINT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: KNIGHT, THOMAS M.D.,
Address: 2100 NE 32ND COURT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KNIGHT

MD

01/14/2002

Electronic Signature of Signing Officer or Director

_____ Date