


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90165 018 \*\*\*150.00

**DOCUMENT # S78835**

1. Entity Name  
**THOMAS KNIGHT, M.D., P.A.**



Principal Place of Business  
~~2021 NE 32 ST~~ **3311 NE 2nd Ave**  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address  
~~2021 NE 32 ST~~ **3311 NE 23rd Ave**  
LIGHTHOUSE POINT FL 33064  
US

2. Principal Place of Business <b>3311 NE 23rd Ave</b> Suite, Apt. #, etc. <b>Same</b> City & State <b>Same</b> Zip <b>Same</b> Country <b>Same</b>		3. Mailing Address <b>3311 NE 23rd Ave</b> Suite, Apt. #, etc. <b>Same</b> City & State <b>Same</b> Zip <b>Same</b> Country <b>Same</b>	
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CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0301558** Applied For  Not Applicable

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


6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR KNIGHT, THOMAS M.D. 2100 NE 32ND COURT LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** DATE: **2/20/03** DAYTIME PHONE #: **954 946 9301**

CR2E034 (10/02)