

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S79783**1. Entity Name  
CARROLL A. ENGLISH, M.D., P.A.

## Principal Place of Business

11181 HEALTH PARKE BLVD.  
#2220  
NAPLES FL  
33942 US

## Mailing Address

11181 HEALTH PARKE BLVD.  
#2220  
NAPLES FL  
33942 US

## 2. Principal Place of Business

11181 HEALTH PARK BLVD.

## 3. Mailing Address

Suite, Apt. #, etc.  
#2220

Suite, Apt. #, etc.

## City &amp; State

NAPLES FL

## City &amp; State

Zip Country Zip Country  
3411 US

## 4. FEI Number

65-0291332

## Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NAPLES LAWDOK INC  
4501 TAMiami TRAIL NORTH  
STE. 300  
NAPLES FL  
34103 US

## 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 **CARROLL A. ENGLISH**

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

(NOTE: Registered Agent signature required when reinstating)

03/28/2001

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGLISH, CARROLL A, MD	
STREET ADDRESS	11181 HEALTH PARK BLVD., SUITE 2220	
CITY-ST-ZIP	NAPLES FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ENGLISH, CARROLL A, MD	
STREET ADDRESS	11181 HEALTH PARK BLVD., SUITE 2220	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, CARROLL A, MD	
STREET ADDRESS	11181 HEALTH PARK BLVD., SUITE 2220	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, CARROLL A, MD	
STREET ADDRESS	11181 HEALTH PARK BLVD., SUITE 2220	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Carroll A. English**

Pres

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)