

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S79783

FILED
May 01, 2003
Secretary of State

Entity Name: CARROLL A. ENGLISH, M.D., P.A.

Current Principal Place of Business:

11181 HEALTH PARK BLVD.
#2220
NAPLES, FL 3411 US

New Principal Place of Business:

4926 ESPLANADE STREET
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

11181 HEALTH PARKE BLVD.
#2220
NAPLES, FL 33942 US

New Mailing Address:

4926 ESPLANADE STREET
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0291332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ENGLISH, CARROLL A., MD
Address: 11181 HEALTH PARK BLVD., SUITE 2220
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: ENGLISH, CARROLL A., MD
Address: 11181 HEALTH PARK BLVD., SUITE 2220
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ENGLISH, CARROLL A., MD
Address: 4926 ESPLANADE STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP (X) Change () Addition
Name: ENGLISH, CARROLL A., MD
Address: 4926 ESPLANADE STREET
City-St-Zip: BONITA SPRINGS, FL 34134

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: CARROLL A. ENGLISH, MD

VP

05/01/2003

Electronic Signature of Signing Officer or Director

Date