

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90129 022 ***550.00

DOCUMENT # S90584

1. Entity Name

GETTINGS AND MCCLURE, M.D., P.A.

Principal Place of Business

**991 THOMAS BARBOUR DRIVE
 MELBOURNE FL 32935**

Mailing Address

**991 THOMAS BARBOUR DRIVE
 MELBOURNE FL 32935**

2. Principal Place of Business

2013 Bridgewater Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow, FLA.

City & State

4. FEI Number

59-3104153

Applied For

Not Applicable

Zip

Country

Zip

Country

32746

USA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOHRR, P.F.

100 RIALTO PLACE

SUITE 800

MELBOURNE FL 32935

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MCCLURE, JOSEPH A.**
 STREET ADDRESS **200 E. SHERIDAN RD.**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Palmer, George J.**
 STREET ADDRESS **2013 Bridgewater Dr.**
 CITY-ST-ZIP **Heathrow, FL 32746**

TITLE **PD** ☒ Delete
 NAME **GETTINGS, SCOTT**
 STREET ADDRESS **991 THOMAS BARBOUR DR.**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02

Date

*407 829 2062
 407 421 1566*

Daytime Phone #

CR2E034 (9/01)