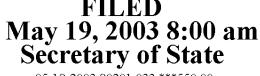
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) S97091 DOCUMENT # 1. Entity Name

S. AULL, MD, PA

SIGNATURE:



05-19-2003 90201 033 ***550.00

	FIL	ÆD		
May	19, 20	003	8:00	am
			State	
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				SO WE THE			
Principal Place of Business 2308 WINTER WOODS BLVD. WINTER PARK FL 32792		Mailing Address P.O. BOX 32 SARASOTA FL 34232					
2. Principal Place	of Business	3. Mailing Ad	ddress	, - .			
Suite, Apt. #, etc	o.	Suite, Apt.	#, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & Stat	ie		4. FEI Number 59-3091394 Applied For Not Applicab		
Zip	Country	Zip	С	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6	. Name and Address of Curr	ent Registered Age	ent		7. Name and Address of New Registered Agent		
 J	Carlo Carrer II.	e de Università		Name			
S, AULL 201 N. CLYDE	MORRIS	•		Street Addres	ss (P.O. Box Number is Not Acceptable)		
DAYTONA FL	32114						
				City	FL Zip Code		
	ed entity submits this statement of registered agent.	nt for the purpose of	changing its regi	stered office or regis	stered agent, or both, in the Stale of Florida. I am familiar with, and accep		
SIGNATURE Signat	ure, typed or printed name of registered a	gent and title if applicable.	(NOTE: Reg	istered Agent signature requ	uired when reinstating) DATE		
Afțer May	NOW!!! FEE IS \$150.00 / 1, 2003 Fee will be \$550. rable to Florida Departmen				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS A	ND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD			Delete	TITLE	☐ Change ☐ Additio		
	LL, SUE			NAME			
	. BOX 32 N/A			STREET ADDRESS			
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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.

Date

Daytime Phone #