## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V03381

Entity Name: STEPHEN W. POFF, M.D., P.A.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2232 FOXWOOD DRIVE 6409 THOROUGHBRED ORANGE PARK, FL 32073 ODESSA, FL 33556 US

Current Mailing Address: New Mailing Address:

2232 FOXWOOD DRIVE 6409 THOROUGHBRED ORANGE PARK, FL 32073 ODESSA, FL 33556 US

FEI Number: 59-3105879 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POFF, STEPHEN W.
2232 FOXWOOD DRIVE
ORANGE PARK, FL 32073 US
POFF, STEPHEN W.
6409 THOROUGHBRED LOOP
ODESSA, FL 33556 US

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: 04/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 P
 ( ) Delete

 Name:
 POFF, STEPHEN W M.D.

 Address:
 2232 FOXWOOD DRIVE

 City-St-Zip:
 ORANGE PARK, FL 32073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POFF, STEPHEN W M.D.
Address: 6409 THOROUGHBRED LOOP
City-St-Zip: ODESSA, FL 33556 US

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: STEPHEN W. POFF, M.D. P 04/29/2003