**FILED** 

Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90146 002 \*\*\*558.75

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

V03685 **DOCUMENT #** 

1. Entity Name

SIGNATURE:

CARLTON R. VOLLBERG, M.D., P.A.

Principal Place of Business  EMERALD SQUARE  2852 TAMIAMI TRAIL. SUITE #6  PORT CHARLOTTE FL 33952		Mailing Address 2852 TAMIAMI TRAIL 2852 TAMIAMI TRAIL. SUITE #6 PORT CHARLOTTE FL 33952 US		
2. Principal Place of Business		3. Mailing Address		C ) BBSC BISBS BESSE INCH BINES IBSEL BALL BIBLS BIBLS BIBLS BIBLS BIBLS IBBL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0311558 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
VOLLEED	<del></del>		Name	3
VOLLBERG, CARLTON R. M.D. 2852 TAMIAMI TRAIL			Street Ad	ddress (P.O. Box Number is Not Acceptable)
STE 6 PORT CHARLOTTE FL 33952			City	Zip Code
8. The above named entity sperills this statement for the purpose of changing its registe			,	r=   ·
the obligations of registered agent.  SIGNATURE Signature. Signature of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
After Se	ILE NOW!!! PEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10	OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIȚLE NAME STREET ADDRESS CITY-ST-ZIP	D Toni Vollberg 2852 Tamiami Trail, Ste 6 Pt Charlotte Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		Delete ,	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	

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 his 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 #

**Я 94 DIRECTOR**