2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # V06394 1. Entity Name WILHELM C.J. LARSEN, M.D., P.A. | | | | | Jan 29, 2002 8:00 am Secretary of State 01-29-2002 90062 043 ***150.00 | | | |
|--|---|-----------------------|---------------------------------------|------------|--|-------------------------|-----------------------------|---------------|
| Principal Place of Business 9121 N. MILITARY TRAIL #103 PALM BCH. GARDENS FL 33410 US Mailing Address 9121 N. MILITARY TRAIL US US | | | 3410 | | | | | |
| 2. Principal Place of Business 8777 Estate Orive 8777 Estate Builte, Apt. #, etc. Banyan Estates Banyan Estates | | | | e | DO NOT WRITE IN THIS SPACE | | | |
| City & Grat | | City & State | each, FL | _ | 65-0301509 | | oplied For ot Applicable | |
| 334 | 6. Name and Address of Current Re | 33411 egistered Agent | USA | | Dertificate of Status Desired Name and Address of New R | Fee Require | | |
| 9121 N M SUITE 10 | WILHELM C.J. IIIITARY TR | 3 | Name See 79 Ban Chycs | guejs (P.E | Estates Margach | <u> </u> | 9)] | |
| 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!!! F After May 1, 2002 F Make Check Payable to | | | Fee will be \$55 | 0.00 | 10. Election Campaign Fin Trust Fund Contribution | · _ • | May Be | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI D LARSEN, WILHELM C.J. 9121 N MILITARY TR.,#103 PALM BCH GARDENS FL | IRECTORS Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8717 | Estate Orice Poln Beach, F | Lotiange L, Bowyan E | | R2E034 (9/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> | fathe Ociety, F | ☐ Change | | CR2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | \ | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | to the second of | □ Change | ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS OTY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| 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 perfort 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 FIGNING OFFICER OR DIRECTOR Date Dayling Phone # | | | | | | | | |