2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90101 041 ***150.00

DOCUMENT # V10161

1. Entity Name
GEORGE FOURNIER III, M.D., F.A.C.S., P.A.

Principal Place of Business
6405 NORTH FEDERAL HWY.
SUITE 402
FORT LAUDERDALE FL 33308

Mailing Address
6405 NORTH FEDERAL HWY.
SUITE 402
FORT LAUDERDALE FL 33308

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0311403 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOURNIER, GEORGE
6405 N. FEDERAL HWY
STE 402
FORT LAUDERDALE FL 33308

this does not represent a change of agent but rather the correct spelling

7. Name and Address of New Registered Agent

Name: Fournier, George
Street Address (P.O. Box Number is Not Acceptable): 6405 N. Federal Highway #402
City: Ft. Lauderdale FL Zip Code: 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PD FOURNIER, GEORGE, III 6405 N. FED. HWY, #402 FORT LAUDERDALE FL	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 (954) 492-1177
Date Daytime Phone #

CR2E034 (10/02)