2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. **V43431**

1. Entity Name

JOSEPH C. SUTLY, M.D., P.A.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90229 011 ***150.00

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Principal Plac 1980 N ATLA SUITE 421	ce of Business NTIC AVE	1980	Mailing Address 1980 N ATLANTIC AVE SUITE 421											
COCOA BEAG	CH FL 32931	COCC	COCOA BEACH FL 32931											
2. Principal F	Place of Business	3. Mai	3. Mailing Address			_								
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & Stat	te	City	& State		4. FEI Numb			^r 59-31	24372				plied For t Applicable	
Zip	Country Zip C		Country	Country		5. Certificate of Status Desired				See Required				
	6. Name and Address of C	Current Registere	egistered Agent				7. Name and Address of New Registered Agent							
					Name								,	
	oseph C. Tlantic ave			S	Street Address (P.O. Box Number is Not Acceptable)									
SUITE 42	1													
COCOA E	BEACH FL 32931		City						F	L Z	ip Code	3	-	
	named entity submits this state tions of registered agent.	ement for the purp	ose of changing its req	gistered o	office or regist	tered ag	jent, or both	i, in the Sta	ate of Flor	ida. Lan	n familia	ir with,	and accept	1
SIGNATURE .														
	Signature, typed or printed name of registe	red agent and title if app	ficable. (NOTE: Re	egistered Age	ent signature requi	red when re	einstating)			DATE				1
After	ILE NOW!!! FEE IS \$150. r May 1, 2003 Fee will be \$5 c Payable to Florida Departr	50.00					1	ction Camp st Fund Co	-	-			0 May Be to Fees	
10.	OFFICERS AND DIRECTORS			11.		ΑΓ	DITIONS/0	CHANGES	TO OFFIC	CERS AN	וח חופפ	CTORS	: IN 11	┧
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NAME	SUTLY, JOSEPH C.													CR2E034 (10/02)
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STREET ADDRESS	* * * * * * * * * * * * * * * * * * *		The state of the s	STREET AD	المحاضية بساء فالمسادية			in Mari	234	6.123:s	A		ista di	Î.
CITY-ST-ZIP				CITY-ST-Z	ZIP									i

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/Jan/03

321-783-0130

Daytime Phone #

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