2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Apr 18, 2002 8:00 am § Secretary of State **DOCUMENT #** V60928 1. Entity Name ROBERT J. NORTON, M. D., P. A. 04-18-2002 90351 050 ***150.00 Principal Place of Business Mailing Address 2215 NEBRASKA AVE. 1704 COCONUT DRIVE STE 3-D FT PIERCE FL 34949 B0071100 FT. PIERCE,F L 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0348148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORTHON, ROBERT J M.D. Street Address (P.O. Box Number is Not Acceptable) 2215 NEBRASKA AVE. SUITE D FT. PIERCE FL 34950 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01 ☐ Change ☐ Addition NORTON, ROBERT J M.D. NAME NAME 1704 COCONUT DRIVE STREET ADDRESS STREET ADDRESS FT. PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition | Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing pes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 indicated on this report or supplemental report is true and of the corporation or the receiver/or trustee empowered for