

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90103 050 ***150.00

DOCUMENT # V61201

1. Entity Name
EDWARD W. HALPREN, D.O., P.A.



Principal Place of Business
**13691 METROPOLITAN PARKWAY
METRO MEDICAL PLAZA SUITE 260
FT MYERS FL 33912
US**

Mailing Address
**13691 METROPOLITAN PARKWAY
METRO MEDICAL PLAZA SUITE 260
FT MYERS FL 33912
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0353289**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINSTEIN, SCOTT WM
1625 HENDRY STREET
SUITE 201
FT. MYERS FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HALPREN, EDWARD
13691 METROPOLITAN PKWY
FT MYERS FL** ☐ Delete

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

TITLE
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STREET ADDRESS
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**ST
HALPREN, EDWARD
13691 METROPOLITAN PKWY
FT MYERS FL** ☐ Delete

TITLE
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CITY-ST-ZIP ☐ 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 information.

SIGNATURE

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/03 239-561-2200

CR2E034 (10/02)