

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90116 024 \*\*\*150.00

**DOCUMENT # H39823**  
 1. Entity Name  
**GALCERAN AND MEYER, M.D., P.A.**

Principal Place of Business 7051 DR PHILLIPS BLVD. SUITE 1 ORLANDO FL 32819-8144 US	Mailing Address 7051 DR PHILLIPS BLVD., SUITE 1 ORLANDO FL 32819-5140 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2484966** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GALCERAN, M. J**  
**7051 DR PHILLIPS BLVD**  
**SUITE 1**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE DATE

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 Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GALCERAN, MANUEL J.</b>
STREET ADDRESS	<b>7051 DR PHILLIPS BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>MEYER, ROBERT M</b>
STREET ADDRESS	<b>7051 DR PHILLIPS BLVD., STE. #1</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, APARNA</b>
STREET ADDRESS	<b>7051 DR PHILLIPS BLVD, STE 1</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROWLAND, ROBERT W</b>
STREET ADDRESS	<b>7051 DR PHILLIPS BLVD, STE 1</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 report 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: **MS GALCERAN** 2/16/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)