

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12248

1. Entity Name
ORLANDO FAMILY PRACTICE ASSOCIATES, P.A.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90176 038 ***150.00

Principal Place of Business 8793 COMMODITY CIRCLE ORLANDO FL 32819 US	Mailing Address 8793 COMMODITY CIRCLE ORLANDO FL 32819-9005 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3209227	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GIBSON, CALVIN L., M.D. 8793 COMMODITY CIRCLE ORLANDO FL 32819			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, CALVIN L., M.D.		NAME		
STREET ADDRESS	8793 COMMODITY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEARES, MICHAEL J., M.D.		NAME		
STREET ADDRESS	8793 COMMODITY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **2/17/00** Date _____ Daytime Phone # _____

CR2E034 (9/99)