

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90036 001 ***600.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000012357

1. Entity Name
FLORIDA MEDICAL CLINIC, P.A.

Principal Place of Business MARKET SQUARE FL 33540	Mailing Address 38135 MARKET SQUARE ZEPHYRHILLS FL 33540 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3156212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MARQUARDT, EMIL C JR.
 400 CLEVELAND ST.
 SUITE 800
 CLEARWATER FL 34615**

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 _____ (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. (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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	EISNER, MARK S MD
STREET ADDRESS	38035 MEDICAL CENTER AVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> Delete
NAME	HUGHES, PAUL E M.D.
STREET ADDRESS	6719 GALL BLVD., SUITE 208
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D <input type="checkbox"/> Delete
NAME	KHAN, WALI U M.D.
STREET ADDRESS	1570 FORT KING RD., SUITE 101
CITY-ST-ZIP	DADE CITY FL 33525
TITLE	D <input type="checkbox"/> Delete
NAME	SARAIYA, CHANDRESH S M.D.
STREET ADDRESS	510 E. CHURCH AVE.
CITY-ST-ZIP	DADE CITY FL 33525
TITLE	D <input type="checkbox"/> Delete
NAME	SIKES, DAVID H M.D.
STREET ADDRESS	38035 MEDICAL CENTER AVE.
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> Delete
NAME	MCBATH, DONALD D O
STREET ADDRESS	38135 MARKET SQUARE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540

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	
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: **REQUIRED** **3/30/2000** **813-780-8774**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)