

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90021-044-\$150.00-\$150.00

DOCUMENT # P98000071030

1. Entity Name
IRENE BROWN MEDARY, P.A.

FILED

00 MAR 24 PM 4: 11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 710 OAK COMMONS BOULEVARD KISSIMMEE FL 34741	Mailing Address 710 OAK COMMONS BOULEVARD KISSIMMEE FL 34741-4100
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2. Principal Place of Business 44 LAKE BEAUTY DRIVE	3. Mailing Address PO BOX 1408
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State WINDERMERE, FL	4. FEI Number 59-3534132	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32806	Country USA	Zip 34786	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POITRAS, ROGER A JR. 710 OAK COMMONS BOULEVARD KISSIMMEE FL 34741	7. Name and Address of New Registered Agent Name IRENE B. MEDARY, MD Street Address (P.O. Box Number is Not Acceptable) 44 LAKE BEAUTY DRIVE SUITE 400 City ORLANDO FL Zip Code 32806
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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 *Irene Medary* DATE 3/20/2000

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete MEDARY, IRENE B M.D. 710 OAK COMMONS BOULEVARD KISSIMMEE FL 34741	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition IRENE B. MEDARY, MD PO BOX 1408 WINDERMERE, FL 34786
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irene Medary* **IRENE B. MEDARY, MD** Date 01/26/2000 Daytime Phone # 407 839 1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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