

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**  
 03-22-2001 90052 026 \*\*\*150.00

034411

**DOCUMENT # P98000071030**

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

Principal Place of Business <b>44 LAKE BEAUTY DRIVE., SUITE 400          ORLANDO FL 32806</b>	Mailing Address <b>P.O. BOX 1408          WINDERMERE FL 34786</b>
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2. Principal Place of Business <b>400 Celebration Place</b>	3. Mailing Address
Suite, Apt. #, etc. <b>A290</b>	Suite, Apt. #, etc.
City & State <b>Celebration, FL</b>	City & State
Zip <b>34747</b>	Country <b>Osceola</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3534132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MEDARY, IRENE B MD.          44 LAKE BEAUTY DRIVE., SUITE 400          ORLANDO FL 32806</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 3/14/2001  
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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEDARY, IRENE B M.D. P.O. BOX 1408 WINDERMERE FL 34786</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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* DATE 3/16/01 DAYTIME PHONE # 407 303 4344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)