

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90038 023 \*\*\*150.00

**DOCUMENT # P99000022693**

1. Entity Name

**SUNSTATE MEDICAL ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

758 N. SUN DR., SUITE 104  
 LAKE MARY FL 32746

758 N. SUN DR., SUITE 104  
 LAKE MARY FL 32746-2599

2. Principal Place of Business

3. Mailing Address

758 N. SUN DR. SUITE 104

as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakemary FL

City & State

4. FEI Number

59-356-0942.

Applied For

Not Applicable

Zip

32746

Country

seminole

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORUTH, POTHEN**  
 758 N. SUN DR., SUITE 104  
 LAKE MARY FL 32746

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORUTH, POTHEN C</b>	NAME	
STREET ADDRESS	<b>1150 GREENSTONE BLVD., #206</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FATEMI, ZIA</b>	NAME	
STREET ADDRESS	<b>208 WIMBLEDON CIR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZADEH, FARIDEH A</b>	NAME	
STREET ADDRESS	<b>208 WIMBLEDON CIR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	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 OF POTEN M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00

Date

Daytime Phone #

CR2E034 (9/99)