

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90034 039 ***150.00

DOCUMENT # P99000046808

1. Entity Name
MID FLORIDA PRIMARY CARE PHYSICIANS ASSOCIATES,

Principal Place of Business 1475 FALCONWOOD COURT APOPKA FL 32712 126 Goodrich Ave Apopka Fla 32703	Mailing Address 1475 FALCONWOOD COURT APOPKA FL 32712-2348
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 126 GOODRIDGE AVE Suite, Apt. #, etc. Suite B City & State APOPKA Zip Fla 32703	Country Orange	3. Mailing Address P.O. Box 909 Suite, Apt. #, etc. 1 City & State Apopka FL Zip 32704	Country Orange
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4. FEI Number 59357 8497	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
**ROSENDO, LEYBERTH M M.D.
 1475 FALCONWOOD COURT
 APOPKA FL 32712**

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: **Leyberth M Rosendo, MD** DATE: **4-15-2000**
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. (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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSENDO, LEYBERTH M M.D. 1475 FALCONWOOD COURT APOPKA FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SIGNATURE REQUIRED** DATE: **4-15-2000** DAYTIME PHONE #: **407 889 8008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03-(9/99)