

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90313 023 \*\*\*\*70.00

**DOCUMENT # N38253**

1. Entity Name

**FLORIDA CHAPTER OF THE AMERICAN ASSOCIATION OF PHYSICIST IN MEDICINE, INC.**



Principal Place of Business

3663 BEE RIDGE ROAD  
SARASOTA FL 34233  
US

Mailing Address

3663 BEE RIDGE ROAD  
SARASOTA FL 34233  
US

2. Principal Place of Business

9401 SW HWY 200

Suite, Apt. #, etc.

BLDG 800

City & State

OCALA, FL

Zip

34481

Country

USA

3. Mailing Address

9401 SW HWY 200

Suite, Apt. #, etc.

BLDG 800

City & State

OCALA, FL

Zip

34481

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2996423

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANDERS, ROY E. JR  
3663 BEE RIDGE ROAD  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name KATHLEEN M. HINTENLANG

Street Address (P.O. Box Number is Not Acceptable)

9401 SW HWY 200, BLDG. 800

City OCALA

FL

Zip Code

34481

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. I am familiar with, and accept the obligations of registered agent.

R. E. Sanders, Jr. 3-7-03

Kathleen M. Hintenlang, MD 3/7/03

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ATHERTON, JAMES V  
STREET ADDRESS 1000 36TH ST  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE D  
NAME BOVA, FRANK J  
STREET ADDRESS PO BOX 100265 JHMHC  
CITY-ST-ZIP GAINESVILLE FL 32610 ☐ Delete

TITLE TD  
NAME LANDERS, ROY E JR  
STREET ADDRESS 3663 BEE RIDGE ROAD  
CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

TITLE D  
NAME MCNERNEY, GERALD W  
STREET ADDRESS 50 W STURTEVANT ST  
CITY-ST-ZIP ORLANDO FL 32806 ☒ Delete

TITLE VD  
NAME OUIB, ZOUBIR  
STREET ADDRESS 16313 S MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE PD  
NAME SERAGO, CHRISTOPHER  
STREET ADDRESS 4500 SAN PABLO RD  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD  
NAME KATHLEEN M. HINTENLANG ☐ Change ☒ Addition  
STREET ADDRESS 9401 SW HWY 200, BLDG. 800  
CITY-ST-ZIP OCALA, FL 34481

TITLE VD  
NAME MARK SEDDON ☐ Change ☒ Addition  
STREET ADDRESS 608 E. ALTAMONTE DR, SUITE 3100  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE PD ☒ Change ☐ Addition  
NAME ZOUBIR OUIB  
STREET ADDRESS 16313 S. MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☒ Change ☐ Addition  
NAME CHRISTOPHER SERAGO  
STREET ADDRESS 4500 SAN PABLO RD  
CITY-ST-ZIP JACKSONVILLE, FL 32224

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

R. E. Sanders, Jr.  
Kathleen M. Hintenlang, MD 3/7/03

CR2E037 (10/02)