

04/25/2002 11:53 3527280034

JON MAN

FILED  
Jun 16, 2002 8:00 am  
Secretary of State

05-13-2002 90168 014 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 464557

1. Entity Name

GEORGE M. MATHEW, M.D. P.A.]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
732 NORTH 3RD ST.  
LEESBURG, FL.  
City & State

3. Mailing Address  
732 NORTH 3RD ST.  
City & State  
LEESBURG, FLORIDA

Zip 34748 Country LAKE

Zip 34748 Country USA

4. FEI Number 59-1567156  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

92860

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent  
Name GEORGE M. MATHEW, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
732 NORTH 3RD ST.  
CITY LEESBURG FL Zip Code 34748

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 registering. DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and wishes to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MATHEW, GEORGE M.
STREET ADDRESS	732 NORTH 3RD ST.
CITY-ST-ZIP	LEESBURG, FL. 34748
TITLE	S
NAME	MATHEW, LOURDES
STREET ADDRESS	732 NORTH 3RD ST.
CITY-ST-ZIP	LEESBURG, FL. 34748
TITLE	V
NAME	PABLO C. REYES, M.D. <input checked="" type="checkbox"/> Delete
STREET ADDRESS	732 NORTH 3RD ST.
CITY-ST-ZIP	LEESBURG, FL. 34748
TITLE	V
NAME	AMERLON, ENRIQUEZ, M.D. <input checked="" type="checkbox"/> DELETE
STREET ADDRESS	732 NORTH 3RD ST.
CITY-ST-ZIP	LEESBURG, FL. 34748
TITLE	V
NAME	MUHAMMAD JAVED M.D. <input checked="" type="checkbox"/> DELETE
STREET ADDRESS	732 NORTH 3RD ST.
CITY-ST-ZIP	LEESBURG, FL. 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(5)(f), 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like information.

SIGNATURE: \_\_\_\_\_  
SIGNATURES AND TYPED OR PRINTED NAMES OF SIGNING OFFICERS, OFFICER 4/25/02 352-74-2532

CR200248 (12/01)