

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90058 003 \*\*\*150.00

DOCUMENT # 601409

Entity Name

**CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASS**

Principal Place of Business PABLO STREET BOX 2098 FL 33806-9098	Mailing Address 130 PABLO STREET P.O. BOX 2098 LAKELAND FLA 33806-2098
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-1273583</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>EASON, DONALD</b> 130 PABLO ST P.O. BOX 2098 LAKELAND FL 33806		7. Name and Address of New Registered Agent Name <b>HAIDER, KAMAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>130 PABLO STREET</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33806</b>	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 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</b> May Be Added to Fees
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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>TD</b> <b>MELTON, JAMES D. JR.</b> <b>130 PABLO ST</b> <b>LAKELAND FL</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	<b>PD</b> <b>EASON, DONALD</b> <b>130 PABLO ST</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>EASON, DONALD</b> <b>130 PABLO ST</b> <b>LAKELAND FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>NAIMAN, RICHARD A.</b> <b>130 PABLO ST</b> <b>LAKELAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAIDER, KAMAL</b> <b>130 PABLO STREET</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>AGUIAR, SUSAN</b> <b>130 PABLO ST</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AGUIAR, SUSAN</b> <b>130 PABLO STREET</b> <b>LAKELAND FL 33803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVANS, R. DAVID</b> <b>130 PABLO STREET</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>EVANS, DAVID R</b> <b>130 PABLO STREET</b> <b>LAKELAND FL 33803</b> <input checked="" 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

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 *K. Haider* Date 3/23/00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)