

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90285 003 ***150.00

DOCUMENT # 601409

1. Entity Name

CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASS

Principal Place of Business

Mailing Address

**130 PABLO STREET
P.O. BOX 2098
LAKELAND FL 33806-9098**

**130 PABLO STREET
P.O. BOX 2098
LAKELAND FL 33806-9098**

618248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1273583**

Applied For
Not Applicable

Zip

Country

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

**HAIDER, KAMAL
130 PABLO ST
LAKELAND FL 33806**

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, 2001 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

TITLE **TD** ☐ Delete
NAME **MELTON, JAMES D. JR.**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **EASON, DONALD**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HAIDER, KAMAL**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AGUIAR, SUSAN**
STREET ADDRESS **130 PABLO ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **S** ☒ Change ☐ Addition
NAME **RAUL LOPEZ**
STREET ADDRESS **130 PABLO STREET**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **SDD** ☐ Delete
NAME **EVANS, R. DAVID**
STREET ADDRESS **130 PABLO STREET**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ Change ☐ Addition
NAME **JIMMY CHAN-PONG**
STREET ADDRESS **130 PABLO STREET**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☒ Addition
NAME **REUBEN ADRIANO**
STREET ADDRESS **130 PABLO STREET**
CITY-ST-ZIP **LAKELAND FL 33803**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAMAL HAIDER

Date

Daytime Phone #

1/30/01 (863) 284-5061

CR2E034 (10/00)