

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90017 014 ***150.00

DOCUMENT # 601409

1. Entity Name

CLARK & DAUGHTREY MEDICAL GROUP PROFESSIONAL ASSOCIATION

Principal Place of Business

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

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	MELTON, JAMES D. JR.	
STREET ADDRESS	130 PABLO ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EASON, DONALD	
STREET ADDRESS	130 PABLO ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAIDER, KAMAL	
STREET ADDRESS	130 PABLO ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	S	<input type="checkbox"/> Delete
NAME	AGUIAR, SUSAN	
STREET ADDRESS	130 PABLO ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SDD	<input type="checkbox"/> Delete
NAME	EVANS, R. DAVID	
STREET ADDRESS	130 PABLO STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, RAUL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIANO, REUBEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAN-PONG, JIMMY	
STREET ADDRESS		
CITY-ST-ZIP		

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

[Handwritten Signature]

2/13/02

Date

863-284-5061

Daytime Phone #

CR2E034 (9/01)