

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53820

1. Entity Name

PHYSICIAN ASSOCIATES OF FLORIDA, P.A.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90044 009 \*\*\*158.75

Principal Place of Business

2301 LUCIEN WAY, SUITE #230  
MAITLAND FL 32751

Mailing Address

2301 LUCIEN WAY, SUITE #230  
MAITLAND FL 32746-6222

2. Principal Place of Business  
55 Skyline Drive

3. Mailing Address  
55 Skyline Drive

Suite, Apt. #, etc.  
Suite 2900

Suite, Apt. #, etc.  
Suite 2900

City & State  
Lake Mary, FL

City & State  
Lake Mary, FL

4. FEI Number 59-2335458

Applied For  
Not Applicable

Zip  
32746

Country  
USA

Zip  
32746

Country  
USA

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LOWENSTEIN, EDWARD H., M.D.  
2301 LUCIEN WAY, SUITE #230  
MAITLAND FL 32751

Name Robert Bowles, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
55 Skyline Drive  
Suite 2900  
City Lake Mary FL Zip Code 32746

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.

NEW REGISTERED AGENT ALREADY ON RECORD (COPY ATTACHED) FILED AND CHANGED WITH STATE 12/13/99

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, 2000 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 | NAME                  | STREET ADDRESS             | CITY-ST-ZIP       | DELETE                              |
|-------|-----------------------|----------------------------|-------------------|-------------------------------------|
| PD    | LOWENSTEIN, EDWARD H. | 2301 LUCIEN WAY, SUITE 230 | MAITLAND FL 32751 | <input checked="" type="checkbox"/> |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |
|       |                       |                            |                   | <input type="checkbox"/>            |

| TITLE | NAME                | STREET ADDRESS               | CITY-ST-ZIP         | CHANGE                              | ADDITION                 |
|-------|---------------------|------------------------------|---------------------|-------------------------------------|--------------------------|
| D/C   | Robert Bowles, M.D. | 55 Skyline Drive, Suite 2900 | Lake Mary, FL 32746 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                     |                              |                     | <input type="checkbox"/>            | <input type="checkbox"/> |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis Buhring, Chief Operating Officer 1/5/2000 804-5383

(407)

CR2E034 (9/99)

G53820  
807042

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Physician Associates of Florida, P.A.
2. The mailing address of the corporation is: 55 Skyline Drive, Suite 2900, Lake Mary, FL. 32746
3. Date of incorporation/qualification: 8/83 Document number: G53820
4. The name and address of the current registered agent and office:  
Edward H. Lowenstein, M.D.  
2301 Lucien Way, Suite 230  
Maitland, Florida 32751
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Robert Bowles, M.D.  
55 Skyline Drive, Suite 2900  
Lake Mary, Florida 32746

FILED  
99 DEC 13 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Robert Bowles M.D.  
(Signature of an officer, chairman or vice chairman of the board)

12/9/99  
(Date)

Robert Bowles, M.D., Chairman of the Board  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Robert Bowles M.D.  
(Signature of Registered Agent)

12/9/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*