

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **H50252**

1. Entity Name
LAKE MARY MEDICAL CLINIC, INC.

Principal Place of Business
P O BOX 950335
LAKE MARY FL 327950335 US

Mailing Address
P O BOX 950335
LAKE MARY FL 327950335 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-2498958

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RYAN, JOHN F M.D.
521 W STATE RD 434 #308

LONGWOOD FL 327502166

7. Name and Address of New Registered Agent

Name
RYAN JOHN FMD
Street Address (P.O. Box Number is Not Acceptable)
521 W STATE RD 434

SUITE 308

City
LONGWOOD FL Zip Code
327502166

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 **JOHN F RYAN, MD**

02/18/2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
RYAN, JOHN F M.D.
521 W STATE RD 434 #308
LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
RYAN JOHN FMD
521 W STATE RD 434 #308
LONGWOOD FL 32750 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **John F Ryan, MD**

PST

02/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)