

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90021 044 \*\*\*150.00

**DOCUMENT # K48842**

1. Entity Name  
**NORTH FLORIDA MEDICAL ASSOCIATES, INC.**

Principal Place of Business  
**4131 S UNIVERSITY BLVD**  
**SUITE 6**  
**JACKSONVILLE FL 32216**  
**US**

Mailing Address  
**4131 S UNIVERSITY BLVD**  
**BLDG 6**  
**JACKSONVILLE FL 32216**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2915849** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SAIKALI, ELIAS, M.D.**  
**4131 UNIVERSITY BLVD. S.**  
**BLDG. 6**  
**JACKSONVILLE FL 32216**

## 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.  
 (See criteria on back) ☐

**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

TITLE **PDT** ☐ Delete  
 NAME **SAIKALI, ELIAS, M.D.**  
 STREET ADDRESS **7948 VINEYARD LAKE RD N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256-1478**

TITLE **VPSD** ☐ Delete  
 NAME **SAIKALI, RANIA K**  
 STREET ADDRESS **7948 VINEYARD LAKE RD N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256-1478**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 all other like empowered.

SIGNATURE: *Elias N. Salkin*  
 Elias N. Salkin Pres

*01/18/02* *904 725 2906*  
 Date Daytime Phone #

CR2E034 (9/01)