2001 UNIFORM B SINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91595 035 ***150.00

DOCUMENT # L25654

1. Entity Name
SOUTHWEST ORLANDO MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
9430 TURKEY LAKE ROAD.. STE 206 ORLANDO FL 32819	215 NORTH EOLA DRIVE ORLANDO FL 32801

552316

DO NOT WRITE IN THIS SPACE

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 59-2977239 — Applic / Not

5. Certificate of Status Desired ☐ $8.75 Additio Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEUER, KENNETH R MD 9430 TURKEY LAKE RD. STE. 206 ORLANDO FL 32819	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 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE	PD ☐ Delete	☐ Change
NAME	FEUER, KENNETH MD	
STREET ADDRESS	9430 SAND LAKE RD., STE. 206	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DVP ☐ Delete	☐ Change
NAME	MEYER, ROBERT MD	
STREET ADDRESS	9430 SAND LAKE ROAD, STE. 206	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T ☐ Delete	☐ Change
NAME	BYRNE, PAUL	
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 206	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S ☐ Delete	☐ Change X
NAME	Phil Braeuning	
STREET ADDRESS	9430 Turkey Lake Rd Ste 206	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	☐ Delete	☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change
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 infor 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 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 B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Feuer 4/30/01