

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

0015341 AV

08-21-2001 90006 007 ***550.00

DOCUMENT # L69569
 1. Entity Name
FAMILY MEDICAL CARE OF METRO WEST INC.

Principal Place of Business C/O MOHAN SHAH 2411 SOUTH HAWASSEE ROAD ORLANDO FL 32835-6346	Mailing Address C/O MOHAN SHAH 2411 SOUTH HAWASSEE ROAD ORLANDO FL 32835-6346
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40 MOHAN SHAH	3. Mailing Address 40 MOHAN SHAH
Suite, Apt. #, etc. 7235 HUNTERDON DR	Suite, Apt. #, etc. 7235 HUNTERDON DR

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 59-3006659	Applied For <input type="checkbox"/> Not Applicable
Zip 32835	Country	Zip 32835	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

SHAH, MOHAN
2411 SOUTH HIAWASSEE ROAD
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name: **SHAH, MOHAN**
 Street Address (P.O. Box Number is Not Acceptable)
7235 HUNTERDON DR.
 City **ORLANDO** FL Zip Code **32835**

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 M. Shah DATE 8/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	P <input type="checkbox"/> Delete SHAH, MOHAN 7235 HUNTERDON DR ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: M. Shah **SIGNATURE REQUIRED** DATE 8/16/01 DAYTIME PHONE # (407) 758-3348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)