

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90056 003 \*\*\*150.00

**DOCUMENT # L69569**

1. Entity Name  
**FAMILY MEDICAL CARE OF METRO WEST INC.**



Principal Place of Business  
**MOHAN SHAH**  
7235 HUNTERDON DRIVE  
ORLANDO FL 32835

Mailing Address  
**MOHAN SHAH**  
7235 HUNTERDON DRIVE  
ORLANDO FL 32835



CHECK HERE IF MAKING CHANGES

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 **59-3006659**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAH, MOHAN**  
7235 HUNTERDON DRIVE  
ORLANDO FL 32835

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS |                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | NAME                           | TITLE   | NAME  |
|                            | <b>P</b><br><b>SHAH, MOHAN</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>7235 HUNTERDON DR</b>       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ORLANDO FL 32835</b>        | CITY-ST-ZIP   |   |
| TITLE                      |                                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | NAME  |   |
| STREET ADDRESS             |                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                | CITY-ST-ZIP   |   |
| TITLE                      |                                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | NAME  |   |
| STREET ADDRESS             |                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                | CITY-ST-ZIP   |   |
| TITLE                      |                                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | NAME  |   |
| STREET ADDRESS             |                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                | CITY-ST-ZIP   |   |
| TITLE                      |                                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | NAME  |   |
| STREET ADDRESS             |                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                | CITY-ST-ZIP   |   |
| TITLE                      |                                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | NAME  |   |
| STREET ADDRESS             |                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                | CITY-ST-ZIP   |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

(407) 758-3348

Date

Daytime Phone #

CR2E034 (10/02)