

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11772

1. Entity Name

SEMINOLE COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business

464 DEWARS CT
WINTER SPRINGS FL 32708
US

Mailing Address

PO BOX 2283
SANFORD FL 32772
US

2. Principal Place of Business

1532 SunshineTree Blvd.

3. Mailing Address

P.O. Box 2283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood Florida

City & State

Sanford Florida

Zip 32779

Country Seminole

Zip 32772

Country Seminole

4. FEI Number

59-7027946

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WHIGHAM, FRANK C.
200 WEST FIRST STREET
SANFORD FL 32771

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 Frank C. Whigham

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD
NAME JAHAGIRDAR, UDITA M.D.
STREET ADDRESS 319 MANGOUSTINE AVE.
CITY-ST-ZIP SANFORD FL 32771 ☒ Delete

TITLE STD
NAME SCHAEFFER, JOHN M.D.
STREET ADDRESS 317 MANGOUSTINE AVE.
CITY-ST-ZIP SANFORD FL 32771 ☒ Delete

TITLE PD
NAME KILGORE, KIMBERLY J M.D.
STREET ADDRESS 1403 MEDICAL PLAZA DR, #109
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE D
NAME WING, KENNETH MD
STREET ADDRESS 309 N MANGOUSTINE AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME Bitar, Jihad, M.D.
STREET ADDRESS 4106 W. Lake Mary Blvd.
CITY-ST-ZIP Lake Mary, FL 32746 ☐ Change ☒ Addition

TITLE STD
NAME Patel, Rajesh K., M.D.
STREET ADDRESS P.O. Box 950339
CITY-ST-ZIP Lake Mary, FL 32795-0339 ☐ Change ☒ Addition

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

TITLE PD
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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Wing, MD 1/16/2001

Date

Daytime Phone #

407-862-8505



DO NOT WRITE IN THIS SPACE

905013

CR2E037 (10/00)