

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90150 019 ****61.25

905033



DO NOT WRITE IN THIS SPACE

DOCUMENT # N11772

1. Entity Name
SEMINOLE COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business Mailing Address
 464 DEWARS CT PO BOX 2283
 WINTER SPRINGS FL 32708 SANFORD FL 32772
 US US

2. Principal Place of Business 3. Mailing Address
1532 SunshineTree Blvd. **P.O. Box 2283**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Longwood Florida **Sanford Florida** **59-7027946** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32779 **Seminole** **32772** **Seminole** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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 DATE 1/16/2001

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAHAGIRDAR, UDITA M.D. 319 MANGOUSTINE AVE. SANFORD FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bitar, Jihad, M.D. 4106 W. Lake Mary Blvd. Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHAEFFER, JOHN M.D. 317 MANGOUSTINE AVE. SANFORD FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Patel, Rajesh K., M.D. P.O. Box 950339 Lake Mary, FL 32795-0339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILGORE, KIMBERLY J M.D. 1403 MEDICAL PLAZA DR, #109 SANFORD FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WING, KENNETH MD 309 N MANGOUSTINE AVE SANFORD FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kenneth Wing, MD DATE 1/16/2001 Daytime Phone # 407-862-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)