

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90022 024 \*\*\*\*61.25

**DOCUMENT # N11772**

1. Entity Name

**SEMINOLE COUNTY MEDICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

1532 SUNSHINE TREE BLVD  
LONGWOOD FL 32779  
US

PO BOX 2283  
SANFORD FL 32772  
US

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

**59-7027946**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 restating)

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Wing, Kenneth, M.D**  
STREET ADDRESS **309 N. Mangoustine Ave**  
CITY-ST-ZIP **Sanford, FL 32771**

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

TITLE **PD** ☐ Change ☒ Addition  
NAME **Cangiano Thomas G.**  
STREET ADDRESS **1403 Medical Plaza Drive Suite 105**  
CITY-ST-ZIP **Sanford, FL 32771**

TITLE **VD** ☐ Delete  
NAME **BITAR, JIHAD**  
STREET ADDRESS **4106 W LAKE MARY BLVD**  
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **STD** ☐ Delete  
NAME **PATEL, RAJESH K**  
STREET ADDRESS **P O BOX 950339**  
CITY-ST-ZIP **LAKE MARY FL 32785-0339**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 I am empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/2002 407-862-8505**

Date

Daytime Phone #

CR2E037 (9/01)