

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90139 030 ****61.25

DOCUMENT # N11772

1. Entity Name

SEMINOLE COUNTY MEDICAL SOCIETY, INC.



Principal Place of Business

1532 SUNSHINE TREE BLVD
LONGWOOD FL 32779
US

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	BITAR, JIHAD	
STREET ADDRESS	4106 W LAKE MARY BLVD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VPB	<input type="checkbox"/> Delete
NAME	PATEL, RAJESH K	
STREET ADDRESS	P O BOX 950339	
CITY-ST-ZIP	LAKE MARY FL 32795-0339	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WING, KENNETH MD	
STREET ADDRESS	309 N. MANGOUSTINE AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANGIANO, THOMAS G	
STREET ADDRESS	1403 MEDICAL PLAZA DRIVER SUITE 105	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bitar, JAY B.	
STREET ADDRESS	515 W SR 43d Suite 301	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Jerry	
STREET ADDRESS	1555 Saxon Blvd Suite 301	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-21-03 407-862-8505

CR2E037 (10/02)