

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

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

01-27-2003 90134 015 ****61.25

DOCUMENT # N93000004971



1. Entity Name
**SEMINOLE COUNTY PHYSICIANS FOR VOLUNTEER SERVICE
S, INC.**

Principal Place of Business
**1532 SUNSHINE TREE BV
LONGWOOD FL 32779
US**

Mailing Address
**P.O. BOX 2283
SANFORD FL 32772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3200642** Applied For
Not Applicable

Zip ; Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, SUSAN D
1532 SUNSHINE TREE BV
LONGWOOD FL 32779**

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 *Susan D Nelson*
Signature, typed or printed name of registered agent and title if applicable.

1/21/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WING, KENNETH	
STREET ADDRESS	309 N MANGOUSTINE AV	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	BITAR, JIHAD	
STREET ADDRESS	4106 W LAKE MARY BV	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CANGIANO, THOMAS G	
STREET ADDRESS	1403 MEDICAL PLAZA DR 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bitar, JAY	
STREET ADDRESS	515 W. SR 434 Suite 301	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patel, Rajesh	
STREET ADDRESS	101 Eight ST #2	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cangiano, Thomas G	
STREET ADDRESS	1403 Medical Plaza Suite 105	
CITY-ST-ZIP	Sanford FL 32771	
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)