

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90026 038 \*\*\*150.00

**DOCUMENT # P00000013843**  
 1. Entity Name  
**ADVANCED FAMILY MEDICINE, P.A.**

Principal Place of Business      Mailing Address  
**2173 MARINER BOULEVARD**      **2173 MARINER BOULEVARD**  
**BROOKSVILLE FL 34609**      **BROOKSVILLE FL 34609**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Spring Hill**      **Spring Hill**  
 Zip      Country      Zip      Country

4. FEI Number **59-3622615**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**O'KANE, MATT**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SALEM-KADRI, MOHAMED NAGI H</b>
STREET ADDRESS	<b>14001 OSPREY LINK RD., APT. 352</b>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Doctor SALEM-Kadri, Mohamed Nagi H.</b>
STREET ADDRESS	<b>4909 Terra Vista Way</b>
CITY-ST-ZIP	<b>Orlando FL 32837</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mohamed Nagi H. Salem Kadri**      Date: **01-30-02**      Daytime Phone #: **(352) 686-5003**

CR2E034 (9/01)