

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90111 022 ***150.00

DOCUMENT # P00000028475

1. Entity Name

SEMINOLE SPORTS & FAMILY MEDICINE, P.A.

Principal Place of Business

Mailing Address

**1000 W BROADWAY STREET SUITE 102
 OVIEDO FL 32765**

**1000 W BROADWAY STREET SUITE 102
 OVIEDO FL 32765**

925178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROSEN, MATTHEW MD
 1000 W BROADWAY STREET SUITE 102
 OVIEDO FL 32765**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE:

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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**P/D
 Matthew Rosen, M.D.
 404 Sandringham Ct.
 Winter Springs, FL 32708**

**V/D
 Chris E. Oglin, M.D.
 404 Sandringham Ct.
 Winter Springs, FL 32708**

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:

Matthew Rosen, MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01 (407) 359-8580
 Date Daytime Phone #

CR2E034 (10/00)