

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90346 020 ***150.00

DOCUMENT # P00000040228

1. Entity Name

THE FAMILY PHYSICIANS OF BVL, P.A.

Principal Place of Business

104 BUENA VISTA BLVD.
 KISSIMMEE FL 33744

Mailing Address

104 BUENA VISTA BLVD.
 KISSIMMEE FL 33744

2. Principal Place of Business

104 Buena Ventura Blvd.

3. Mailing Address

104 Buena Ventura Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEL Number

593650014

Applied For

Not Applicable

Zip

34743

Country

Zip

34743

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

BURGOS, RONALD

104 BUENA VISTA BLVD.
 KISSIMMEE FL 33744

Name

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

104 Buena Ventura Blvd.

City

Kissimmee

FL

Zip Code

34743

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-stating)

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

TITLE ☐ Delete
 NAME BURGOS, RONALD
 STREET ADDRESS 104 BUENA VISTA BLVD.
 CITY-ST-ZIP KISSIMMEE FL 33744

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 104 Buena Ventura Blvd.
 CITY-ST-ZIP Kissimmee, FL 34743

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
 Date

(407) 348-9111
 Daytime Phone #

CR2E034 (10/00)