

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000049654

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FAMILY MEDICAL ASSOCIATES OF FL, INC.

Current Principal Place of Business:

2332 PINERIDGE RD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1413 SE 23RD PL
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-1016409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L
13141 MCGREGOR BLVD, STE 9
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: FISHER, ADAM
Address: 1413 SE 23RD PL
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: KAPLAN, ROBERT J
Address: 7681 MULBERRY LANE
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM FISHER

PM

04/29/2002

Electronic Signature of Signing Officer or Director

Date