

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080533

1. Entity Name

FAMILY MEDICINE ON-CALL, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90054 035 ***150.00

Principal Place of Business

4106 WEST LAKE MARY BOULEVARD
SUITE 110
LAKE MARY FL 32746

Mailing Address

4106 WEST LAKE MARY BOULEVARD
SUITE 110
LAKE MARY FL 32746

2. Principal Place of Business

above

3. Mailing Address

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3665640

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reinstating)

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

TITLE NAME	PD DALTON, WILLIAM E MD	<input type="checkbox"/> Delete
STREET ADDRESS	4106 WEST LAKE MARY BOULEVARD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE NAME	STD DALTON, ELIZABETH V	<input type="checkbox"/> Delete
STREET ADDRESS	4106 WEST LAKE MARY BOULEVARD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>Suite 110</i>	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>Suite 110</i>	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

William E Dalton MD

Date

Daytime Phone #

1-9-01 333-7060

CR2E034 (10/00)