

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90231 023 \*\*\*550.00

**DOCUMENT # P00000086852**

1. Entity Name  
**COLONIAL FAMILY MEDICAL, P.A.**

Principal Place of Business      Mailing Address  
 1705 COLONIAL BLVD STE C2      1705 COLONIAL BLVD STE C2  
 FT MYERS FL 33907                  FT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**4755 Summerlin Rd**      **Po Box 60303**  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.  
**#8**

City & State      City & State      4. FEI Number      Applied For  
**ft Myers FL**      **ft Myers FL**      **65-1039137**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**33907**      **USA**      **33906-6303**      **USA**            Fee Required

6. Name and Address of Current Registered Agent  
**BUSHAN, LAKSHMI**  
**1705 COLONIAL BLVD STE C2**  
**FT MYERS FL 33907**

7. Name and Address of New Registered Agent  
 Name      **LAKSHMI BUSHAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4755 Summerlin Rd #8**  
 City      State      Zip Code  
**ft Myers**      **FL**      **33907**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: Lakshmi Bushan  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE: **7-2-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAQUERO, WASHINGTON D</b> <b>1705 COLONIAL BLVD STE C2</b> <b>FT MYERS FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUSHAN, LAKSHMI</b> <b>1705 COLONIAL BLVD STE C2</b> <b>FT MYERS FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4755 Summerlin Rd #8</b> <b>ft Myers FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, EDUARDO</b> <b>1705 COLONIAL BLVD STE C2</b> <b>FT MYERS FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4755 Summerlin Rd #8</b> <b>ft Myers FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lakshmi Bushan      Released 7/2/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (4/02)