

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
1705 COLONIAL BLVD STE C2
FT MYERS FL 33907

Mailing Address
1705 COLONIAL BLVD STE C2
FT MYERS FL 33907

2. Principal Place of Business

4755 Summerlin Rd
 Suite, Apt. #, etc.
#8

3. Mailing Address

PO Box 60303
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ft Myers FL

Zip
33907

Country
USA

City & State
ft Myers FL

Zip
33906-6303

Country
USA

4. FEI Number
65-1039137

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional 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
ft Myers **FL** Zip Code
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. (See criteria on back) ☐

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

TITLE
D ☐ Delete
 NAME
BAQUERO, WASHINGTON D
 STREET ADDRESS
1705 COLONIAL BLVD STE C2
 CITY-ST-ZIP
FT MYERS FL 33907

TITLE
D ☐ Delete
 NAME
BUSHAN, LAKSHMI
 STREET ADDRESS
1705 COLONIAL BLVD STE C2
 CITY-ST-ZIP
FT MYERS FL 33907

TITLE
D ☐ Delete
 NAME
GONZALEZ, EDUARDO
 STREET ADDRESS
1705 COLONIAL BLVD STE C2
 CITY-ST-ZIP
FT MYERS FL 33907

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
4755 Summerlin Rd #8
ft Myers FL 33907

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
4755 Summerlin Rd #8
ft Myers FL 33907

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

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

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

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Releasee 7/2/02

Date Daytime Phone #

CR2E034 (4/02)