

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4/01

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90057 002 \*\*\*150.00

**DOCUMENT # P00000110154**

1. Entity Name

**KARAMALI BANDEALY, MD PA**

Principal Place of Business

Mailing Address

1200 NORTH CENTRAL AVE STE 100-102  
 KISSIMMEE FL 34741

1200 NORTH CENTRAL AVE STE 100-102  
 KISSIMMEE FL 34741

2. Principal Place of Business

1200 N. Central Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

Kissimmee Fl.

City & State

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

34741

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANDEALY, KARAMALI**  
**1200 NORTH CENTRAL AVE STE 100-102**  
**KISSIMMEE FL 34741**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Karamali A. Bandealy M.D.
CITY-ST-ZIP	1200 N. Central Ave Suite 101 Kissimmee Fl 34741
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

*Karamali Bandealy*

KARAMALI BANDEALY

4/14/01

(407) 870-1529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)