FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State
09-18-2002 90057 044 ***150.00

DOCUMENT # P01000092256

1. Entity Name

MID-FLORIDA PEDIATRICS, P.A.

DO NOT WRITE IN THIS SPACE

872957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
124. BENMORE DRIVE	124. BENMORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FLORIDA	City & State: WINTER PARK. FLORIDA
Zip: 32792 Country: USA	Zip: 32792 Country: USA

4. FEI Number 59-3745187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: VIRDI, MANJIT

Street Address (P.O. Box Number is Not Acceptable): 1898 LONG POND DRIVE

City: LONGWOOD **FL** Zip Code: 32779

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 ______________________ Date

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY ST ZIP	VIRDI, MANJIT . DIRECTOR. 1898 LONGPOND DRIVE LONGWOOD FL. 32779
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manjit Virdi 9/13/02 (407)-975-0681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

MID-FLORIDA PEDIATRICS, P.A.
124, Benmore Drive,
Winter Park, Florida 32792
Tel: (407) 975-0681
Fax: (407) 975-0683

872957
#P01000092256

September 13, 2002

Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen

Subject: 2002 Uniform Business Report

I did not receive 2002 Uniform Business Report Forms for my corporation and was not aware of the filing requirements since the corporation was established during the last quarter of 2001. Enclosed is the 2002 UBR Report for the corporation and a fee of $150.00 per my discussions with your agent today.

Thanks.

Best regards,

Manjit Virdi

Manjit Virdi, M.D.
Director