

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

05-28-2002 90720 032 ***150.00

DOCUMENT # P01000105010

1. Entity Name
CLAY PRIMARY & URGENT CARE, P.A.

40494

Principal Place of Business Mailing Address
 865 BLANDING BLVD 865 BLANDING BLVD
 ORANGE PARK FL 32065 ORANGE PARK FL 32065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3753493		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DR STE 2301
JACKSONVILLE FL 32202

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 re-instating) 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, 2002 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 FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHIREE, MASSOUD 865 BLANDING BLVD ORANGE PARK FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

5/10/2002
 Date

904-276-1133
 Daytime Phone #

CR2E034 (9/01)

CLAY PRIMARY & FAMILY CARE CENTER, P.A.

**865 BLANDING BLVD.
ORANGE PARK, FLORIDA 32065**

**904-276-1133 Phone
904-276-1821 Fax**

#P01000105010

40492

May 9, 2002

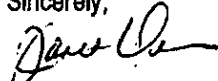
Department of State
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Uniform Business Report
Tax ID# 59-3753493

To Whom It May Concern:

Please be advised that this payment is late because our official notification of this bill was misplaced. Please accept our apology and late payment. Enclosed, is our check in the amount of \$150.00. If you have any questions, please feel free to call me.

Sincerely,


Janet Vess
Office Manager

Attachment
CLAY PRIMARY & FAMILY CARE CENTER, P.A.
865 BLANDING BLVD.
ORANGE PARK, FLORIDA 32065

904-276-1133 Phone
904-276-1821 Fax

40492
#PO 100105010
MASSOUD MOSHIREE, M.D.
ANNA ORMAN, M.D.

July 30, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Clay Primary & Urgent Care, P.A.
Tax ID# 59-3753493

To Whom It May Concern:

Last year, on the advice of an insurance company, we created Clay Primary & Urgent Care, P.A. for the purpose of urgent care contracting. To date, Clay Primary & Urgent Care has not been utilized and we do not anticipate future use of this corporation. Therefore, we are requesting a refund in the amount of \$150.00. If you need further information regarding this matter, please contact me at 904-276-1133.

Sincerely,



Massoud Moshiree, M.D.