

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000105289

1. Entity Name
CENTRAL FLORIDA MEDICINE INCORPORATED



Principal Place of Business
1101 E COLONIAL DR
ORLANDO, FL 32803

Mailing Address
1168 ST FRANCIS PL
APOPKA, FL 32712

2. Principal Place of Business

221 South Knowles Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Park FL

City & State

FL

4. FEI Number

59-3753840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, JANET R
1101 E. COLONIAL DR
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

221 South Knowles Ave

City

Winter Park

FL

Zip Code

32789

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

Janet Curtis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CURTIS, JANET
1168 ST. FRANCIS PL
APOPKA, FL 32712**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CURTIS, GARY
1168 ST FRANCIS PL
APOPKA, FL 32712**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RICHARDS, STEVE
1709 HENRY ST
KISSIMEE, FL 37441**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BUSHIR, DAWN
1608 VOTAW RD
APOPKA, FL 32703**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Janet Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 407-383-9706

DATE

Daytime Phone #

CR2E034 (10/02)