

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90134 043 ***150.00

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DOCUMENT # P02000038927

1. Entity Name
ALEXANDER MULTAK, M.D., P.A.



Principal Place of Business
**4311 SW 96TH DRIVE
GAINESVILLE FL 32608**

Mailing Address
**4311 SW 96TH DRIVE
GAINESVILLE FL 32608**



2. Principal Place of Business
2320 FARMING ACORN
Suite, Apt. #, etc. **CIRCLE**

3. Mailing Address
2320 FARMING ACORN
Suite, Apt. #, etc. **CIRCLE**

☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE MARY, FL
Zip **32746** Country

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4. FEI Number
03-0435284 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULTAK, ALEXANDER
4311 SW 96TH DRIVE
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **MULTAK, ALEXANDER**
Street Address (P.O. Box Number is Not Acceptable)
2320 FARMING ACORN CIRCLE
City **LAKE MARY** FL Zip Code **32746**

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 DATE **4/30/03**
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULTAK, ALEXANDER 4311 SW 96TH DRIVE GAINESVILLE FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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:

ALEXANDER MULTAK **4/30/03** **(407) 3284461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)