2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90217 043 ***158.75

DOCUMENT # P92000007409

1. Entity Name
WALK IN MEDICAL DOCTORS, INC.

Principal Place of Business	Mailing Address
2200 EAST BRONSON HWY. SUITE 201 KISSIMMEE FL 34744	2200 EAST BRONSON HWY. SUITE 201 KISSIMMEE FL 34744-4410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14603 VELLEUX DRIVE	14603 VELLEUX DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State: ORLANDO FLORIDA
Zip: 32837 Country: USA	Zip: 32837 Country: USA

4. FEI Number 59-3452122 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QAYYUM, ABDUL, M.D. 2200 EAST BRONSON HIGHWAY SUITE 201 KISSIMMEE FL 34744	Name: QAYYUM, MEHER, MD Street Address (P.O. Box Number is Not Acceptable): 14603 VELLEUX DRIVE City: ORLANDO FL Zip Code: 32837

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] 02-16-00
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, 2000 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 11		
TITLE	DP	☑ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	QAYYUM, ABDUL M.D.		NAME	QAYYUM, MEHER	
STREET ADDRESS	2200 E. BRONSON HWY., SUITE 201		STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	DS	☐ Delete	TITLE	VD	☑ Change ☐ Addition
NAME	QAYYUM, MEHER M		NAME	QAYYUM, MOHAMMED S	
STREET ADDRESS	1108 ANNE ELISA CIRCLE		STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ST COLUD FL		CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	D	☐ Delete	TITLE	SD	☑ Change ☐ Addition
NAME	QAYYUM, MOHAMMED S		NAME	QAYYUM, ALIYA	
STREET ADDRESS	1108 ANNE ELISE CIRCLE		STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ST CLOUD FL		CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	D	☐ Delete	TITLE	TD	☐ Change ☐ Addition
NAME	QAYYUM, ALIYA M		NAME	QAYYUM, MAHNAZ	
STREET ADDRESS	1108 ANNE ELISA CIR		STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ST CLOUD FL		CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	QAYYUM, MAHNAZ		NAME	QAYYUM, MEHER JR.	
STREET ADDRESS	1108 ANNE ELISA CIRCLE		STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ST CLOUD FL		CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	QAYYUM, MEHER		NAME		
STREET ADDRESS	1108 ANNE ELISA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		CITY-ST-ZIP		

CR2E034 (9/99)

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] 02-16-00 (407) 816 8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #