

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

2. Principal Place of Business

14603 VELLEUX DRIVE

Suite, Apt. #, etc.

3. Mailing Address

14603 VELLEUX DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32837

Country

USA

City & State

ORLANDO FLORIDA

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

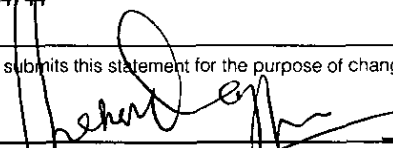
City ORLANDO

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

02-16-00

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

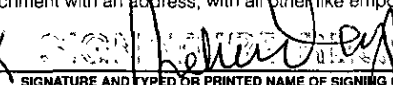
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☒ Delete
NAME	QAYYUM, ABDUL M.D.	
STREET ADDRESS	2200 E. BRONSON HWY., SUITE 201	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	DS	☐ Delete
NAME	QAYYUM, MEHER M	
STREET ADDRESS	1108 ANNE ELISA CIRCLE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	☐ Delete
NAME	QAYYUM, MOHAMMED S	
STREET ADDRESS	1108 ANNE ELISE CIRCLE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	☐ Delete
NAME	QAYYUM, ALIYA M	
STREET ADDRESS	1108 ANNE ELISA CIR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	☐ Delete
NAME	QAYYUM, MAHNAZ	
STREET ADDRESS	1108 ANNE ELISA CIRCLE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	☐ Delete
NAME	QAYYUM, MEHER	
STREET ADDRESS	1108 ANNE ELISA CIRCLE	
CITY-ST-ZIP	ST CLOUD FL	

TITLE	PD	☒ Change ☐ Addition
NAME	QAYYUM, MEHER	
STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	VD	☒ Change ☐ Addition
NAME	QAYYUM, MOHAMMED S	
STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	SD	☒ Change ☐ Addition
NAME	QAYYUM, ALIYA	
STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	TD	☐ Change ☐ Addition
NAME	QAYYUM, MAHNAZ	
STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	D	☐ Change ☐ Addition
NAME	QAYYUM, MEHER JR.	
STREET ADDRESS	14603 VELLEUX DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-00 (407) 816 8169
Date Daytime Phone #

CR2E034 (9/99)