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

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

DO NOT WRITE IN THIS SPACE

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

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

CR2E034 (9/99)