

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90145 048 \*\*\*150.00

**DOCUMENT # P92000011978**

1. Entity Name  
**AAKEL RIVERSIDE WALK-IN CLINIC, INC.**



Principal Place of Business  
**5433 COMMERCIAL WAY  
SUITE 101  
SPRING HILL FL 34606  
US**

Mailing Address  
**5433 COMMERCIAL WAY  
SUITE 101  
SPRING HILL FL 34606  
US**



2. Principal Place of Business  
**5433 COMMERCIAL WAY**

3. Mailing Address  
**5433 COMMERCIAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**SPRING HILL, FL**

City & State  
**SPRING HILL, FL**

4. FEI Number **59-3154147**

Applied For  
Not Applicable

Zip  
**34606**

Country

Zip  
**34606**

Country

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

**6. Name and Address of Current Registered Agent**

**AKEL, MAHMOOD  
5433 COMMERCIAL WAY  
SUITE 101  
SPRING HILL FL 34606**

**7. Name and Address of New Registered Agent**

Name  
**AKEL, MAHMOOD**  
Street Address (P.O. Box Number is Not Acceptable)  
**5433 COMMERCIAL WAY**  
City  
**SPRING HILL** **FL** Zip Code  
**34606**

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 **X** *M. A. Akel*  
Signature, typed or printed name of registered agent and title if applicable.

**1-24-030**  
(NOTE: Registered Agent signature required when reinstating)

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** Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AKEL, MAHMOOD 5433 COMMERCIAL WAY SPRING HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **X** *MAHMOOD AKEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)