2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 APR -2 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012357

1. Entity Name
FLORIDA MEDICAL CLINIC, P.A.

Principal Place of Business	Mailing Address
38135 MARKET SQAURE ZEPHYRHILLS FL 33540 US	38135 MARKET SQAURE ZEPHYRHILLS FL 33540 US

04/02/01 90339 001 600.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARQUARDT, EMIL C JR. 400 CLEVELAND ST. SUITE 800 CLEARWATER FL 34615	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EISNER, MARK S MD 38035 MEDICIAL CENTER AVE ZEPHYRHILLS FL 33540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Mark Eisner, MD. 38135 Market Square Zephyrhills, FL 33540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, PAUL E M.D. 6719 GALL BLVD., SUITE 208 ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Hughes, Paul E. M.D 38135 Market Square Zephyrhills, FL 33540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KHAN, WALI U M.D: 1570 FORT KING RD., SUITE 101 DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Khan, Wali M.D. 38135 Market Square Zephyrhills, FL 33540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARAIYA, CHANDRESH S M.D. 510 E. CHURCH AVE. DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Saraiya, Chandresh S. MD 38135 Market Square Zephyrhills, FL 33540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIKES, DAVID H M.D. 38035 MEDICAL CENTER AVE. ZEPHYRHILLS FL 33540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Sikes, David H M.D. 38135 Market Square Zephyrhills, FL 33540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCBATH, DONALD D O 38135 MARKET SQUARE ZEPHYRHILLS FL 33540	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Executive Officer Joe Delatorre 38135 Market Square Zephyrhills, FL 33540	☐ Change ☒ Addition

bm 4/2/01

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: Joe Delatorre, CEO — Joe Delatorre, CEO — 3/1/01 — 813 780-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #