# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 17, 2002 8:00 am**
**Secretary of State**
04-17-2002 90082 026 ***150.00

DOCUMENT # P92000012357

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

787826

| Principal Place of Business | Mailing Address |
|---|---|
| 38135 MARKET SQAURE<br>ZEPHYRHILLS FL 33540<br>US | 38135 MARKET SQAURE<br>ZEPHYRHILLS FL 33540<br>US |

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3156212 ☐ Applied For ☐ Not Applicable

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

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

MARQUARDT, EMIL C JR.
400 CLEVELAND ST.
SUITE 800
CLEARWATER FL 34615

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

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, 2002 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 | S<br>EISNER, MARK MD<br>38135 MARKET SQUARE<br>ZEPHYRHILLS FL 33540 | ☐ Delete | Secretary<br>Mark Eisner, M.D.<br>38135 Market Square<br>~~Zephyrhills, FL 33540~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HUGHES, PAUL E MD<br>38135 MARKET SQUARE<br>ZEPHYRHILLS FL 33540 | ☐ Delete | President<br>Hughes, Paul E., M.D.<br>38135 Market Square<br>Zephyrhills, FL 33540 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>KHAN, WALI MD<br>38135 MARKET SQUARE<br>ZEPHYRHILLS FL 33540 | ☐ Delete | Vice-President<br>Khan, Wali, M.D.<br>38135 Market Square<br>Zephyrhills, FL 33540 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SIKES, DAVID H MD<br>38135 MARKET SQUARE<br>ZEPHYRHILLS FL 33540 | ☐ Delete | Treasurer<br>Saraiya, Chandresh S., M.D.<br>38135 Market Square<br>Zephyrhills, FL 33540 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>DELATORRE, JOE<br>38135 MARKET SQUARE<br>ZEPHYRHILLS FL 33540 | ☐ Delete | Vice-President<br>Sikes, David H., M.D.<br>38135 Market Square<br>Zephyrhills, FL 33540 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCBATH, DONALD D O<br>38135 MARKET SQUARE<br>ZEPHYRHILLS FL 33540 | ☐ Delete | Chief Executive Officer<br>Joe Delatorre<br>38135 Market Square<br>~~Zephyrhills, FL 33540~~ | ☐ Change ☒ Addition |

CR2E034 (9/01)

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:** David H. Sikes MD 3/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #