2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038523

1. Entity Name

GUINDI, SWEET, GOSS & PARKER, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90105 035 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
661 E ALTAMONTE DR STE ~~326~~ 318 ALTAMONTE SPRINGS FL 32701 US	661 E ALTAMONTE DRIVE STE ~~326~~ 318 ALTAMONTE SPRINGS FL 32701-5103 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. CHANGE TO SUITE 318	Suite, Apt. #, etc. CHANGE TO SUITE 318
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3184117 ☐ 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
GUINDI, EDWARD S M.D. 661 E. ALTAMONTE DR STE. ~~326~~ 318 ALTAMONTE SPRINGS FL ~~32767~~ 32701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 32701

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUINDI, EDWARD, MD 661 E ALTAMONTE DRIVE STE ~~326~~ 318 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEET, JON 661 E ALTAMONTE DRIVE STE ~~326~~ 318 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOSS ~~GOS~~, DAVID L MD 661 E. ALTAMONTE DRIVE, STE ~~326~~ 318 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, JOHN V MD 661 E. ALTAMONTE DRIVE, STE ~~326~~ 318 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] PRESIDENT 04-26-00 407-834-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #