

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90117 003 ***150.00

DOCUMENT # P93000076634

1. Entity Name
MEDICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.



Principal Place of Business
3100 US HWY 27-S
HAINES CITY FL 33844-8935
US

Mailing Address
3100 US HWY 27-S
HAINES CITY FL 33844-8935
US

2. Principal Place of Business
31810 HWY 27
Suite, Apt. #, etc.

3. Mailing Address
31810 HWY 27
Suite, Apt. #, etc.

City & State
HAINES CITY
Zip
33844
Country
POLK

City & State
HAINES CITY
Zip
33844
Country
POLK

4. FEI Number **59-3202432**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALLAM, MAHESH G M.D.
3100 US HWY 27-S
HAINES CITY FL 33844

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALLAM, MAHESH G
3100 US HWY 27 S
HAINES CITY FL 33844

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)