

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001197

1. Entity Name

FAMILY MEDICINE ASSOCIATES OF CENTRAL FLORIDA, P

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90311 015 \*\*\*150.00

Principal Place of Business

333 S CONWAY RD  
 ORLANDO FL 32812  
 US

Mailing Address

1550 S LAKEMONT AVE  
 WINTER PARK FL 32792-5449  
 US

2. Principal Place of Business

3333 S. Conway Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32812

Country

USA

Zip

Country

4. FEI Number

59-3219846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MOON, WALTER  
 200 NORTH PRIMROSE DRIVE  
 ORLANDO FL 32803

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

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

TITLE PD  
 NAME VYAS, INDRAJIT C.  
 STREET ADDRESS 1550 S. LAKEMONT AVE.  
 CITY-ST-ZIP WINTER PARK FL

☐ Delete

TITLE V.P.  
 NAME NAYANA VYAS  
 STREET ADDRESS 1550 S. LAKEMONT AVE  
 CITY-ST-ZIP WINTER PARK FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

Indrajit Vyas  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (407) 671-6070

CR2EX14 (9/93)