2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90472 005 ***150.00

DOCUMENT # P94000052133

1. Entity Name
UNIVERSAL FAMILY MEDICAL CENTER, P.A.

Principal Place of Business	Mailing Address
1300 NW 17TH AVE STE 1118 DELRAY BEACH, FL 33445	PO BOX 7655 DELRAY BEACH, FL 33484

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
601 N. CONGRESS AVE.	
Suite, Apt. #, etc.: SUITE 408	Suite, Apt. #, etc.:
City & State: DELRAY BCH FL	City & State:
Zip: 33445 Country: USA	Zip: Country:

4. FEI Number: 65-0505431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OKO, NNACHI L
2200 LAKE IDA RD.
DELRAY BEACH, FL 33445

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKO, NNACHI L 2200 LAKE IDA RD. DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 Date
561-276-1722 Daytime Phone #