FILED
Jul 16, 2002 8:00 am
Secretary of State
07-16-2002 90374 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070004

1. Entity Name
Mid Florida Medical Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 174-B SEMORAN Commerce PL.
Suite, Apt. #, etc.: Suite 114
City & State: Apopka, FLORIDA
Zip: 32703 Country: US

3. Mailing Address: P.O. BOX 953294
Suite, Apt. #, etc.:
City & State: LAKE MARY FL
Zip: 32795-3294 Country: U.S

4. FEI Number: 593304383 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: KNIGHT, GARY
Street Address (P.O. Box Number is Not Acceptable): 138 WEATHERSFIELD AVE N.
City: ALTAMONTE SPRINGS FL Zip Code: 32714

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY KNIGHT 138 WEATHERSFIELD AVE N. ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 6/10/02 (407)832-2743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc#P92000070004 9/04/18

Mid
Florida
Medical

1748 Semoran Commerce Pl, Suite #114
Apopka, FL 32703
Phone: 407-814-8202
Fax: 407-814-8228

[redacted]

June 10, 2002

To Whom It May Concern:

This letter is to notify you that we never received a Uniform Business Report in the mail. Now we realize that the annual report deadline is May 1. However, since it was never received, it was over looked. We printed the report off the Internet, showing no changes to the corporation, and enclosed it with $150.00. Thank you, and sorry for any inconvenience.

Sincerely,

Gary Knight