

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90140 041 \*\*\*150.00

0094210 AV

**DOCUMENT # P95000007744**

1. Entity Name

**FAMILY MEDICINE WALK-IN CLINIC, P.A.**

Principal Place of Business

Mailing Address

901 E. SECOND ST  
 SANFORD FL 32771  
 US

3491 S MELLONVILLE AVE  
 SANFORD FL 32773

2. Principal Place of Business

**212 W. BAY AVE**

3. Mailing Address

**3491 S. mellonville ave**

Suite, Apt. #, etc.

**SANFORD LONGWOOD**

Suite, Apt. #, etc.

**SANFORD**

City & State

**FLORIDA**

City & State

**FLORIDA**

Zip

**32750**

Country

**SEMINOLE**

Zip

**32773**

Country

**SEMINOLE**

4. FEI Number

**59-3291810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BARBER, ALVAN W**  
**3491 SOUTH MELLONVILLE AVENUE**  
**SANFORD FL 32773**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BARBER, ALVAN</b>	
STREET ADDRESS	<b>3491 S MELLONVILLE AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ALVAN W. BARBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02**

Date

Daytime Phone #

CR2E034 (9/01)