

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90094 015 \*\*\*150.00

**DOCUMENT # P95000007744**

1. Entity Name  
**FAMILY MEDICINE WALK-IN CLINIC, P.A.**



Principal Place of Business  
**212 W BAY BAVE  
LONGWOOD FL 32750  
US**

Mailing Address  
**3491 S MELLONVILLE AVE  
SANFORD FL 32773**

2. Principal Place of Business  
**106 W. FERN DRIVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**ORANGE CITY**

City & State

4. FEI Number **59-3291810**

Applied For  
Not Applicable

Zip **FL 32763** Country **USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**Mudawire Barber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/1/03**

Daytime Phone #

CR2E034 (10/02)