## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** P95000040296

1. Entity Name

CITY-ST-ZIP

SIGNATURE.X

MEDICA	L AND G	ERIATRIC ASSOCIA	TES, P.A.				08-27-2002 90119 (	)09 ***55	0.00	
Principal Place of Business 911 N. CENTRAL AVENUE KISSIMMEE FL 34741			Malling Address 911 N. CENTRAL AVENUE KISSIMMEE FL 34741					Kali dina nan		
2. Principal	Place of Busi	ness	3. Mailing Address			_				
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
			City & State		4.	FEI Number 59-3328509		Applied For		
Zip	<del></del>	Country	Zip	Coun	try	5. (		\$8.75 Ad	ditional	
*	6. Name	and Address of Current F	Registered Agent	J		7. 1	Name and Address of New Registered	•		
			<del></del>		Name		and reduced of them riegisteled /	-yent		
SOBRING	D, MARIO R	M.D.		•	<u></u>					
	ENTRAL AV				Street Address	(P.O. E	Box Number is Not Acceptable)			
	EE FL 3474									
MOONWAR	EE   E 34/4	1						_		
				-	City_		FL	Zip Coo	е	
the obliga	ations of regis	tered agent.		registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I am t	familiar with,	and accept	
	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOT)	E: Registered	d Agent signature require	ed when re	einstating) DATE			
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW! After September 13 Make Check Payat	3, 2002	Fee will be \$750	).00 ate	Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.	·	AD	.I DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME Street address City-St-Zip	911 N. CE	, MARIO R M.D. NTRAL AVENUE E FL 34741	□ Delete	TITLE NAME STREE				Change	Addition	
IITLE NAME Street Address City-St-Zip			☐ Delete					Change	☐ Addition	
TITLE Name Street Aodress Sty-St-Zip			☐ Delete		l l	1		☐ Change	☐ Addition	
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itle Iame Treet address			☐ Delete	TITLE NAME STREE	T ADDRESS	<del></del> -	· .	Change	☐ Addition	

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.

407-933-2690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 27, 2002 8:00 am Secretary of State

## FOR PROFIT CORPORATION

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and the control of th				87 77	<del></del>	Street A	Address (P.O.	Box Number-is Not Accept	able) -	-
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	•	· · · · · · · · · · · · · · · · · · ·				City		- <del>-</del>	FL	Zip Code
8. The above	e named entity	submits this staten	nent for the	purpose of cha	anging its regis	stered office o	<b>issimm</b> r registered a	gent, or both, in the State of		34741
							- <b>y</b>	g ,	. , , , , , , , , , , , , , , , , , , ,	
SIGNATURE		or printed name of registere	d agent and ti	tle if applicable.	(NOTE: Regi	istered Agent signs	ture required when	rainetahna)	DATE	
	Signature, typed o	or printed name of registere	_ <del></del> _			istered Agent signal		reinstating)	DATE	
9. This corp	Signature, typed o poration is eligib requirement ar	or printed name of registere pole to satisfy its Inta and elects to do so.	ngible	Janua Af	ary 1 - May 1 ter May 1, F	Fee is \$15 ee is \$550.0	0.00	10. Election Campaign	n Financing	<b>\$5.00</b> May Be
9. This corp Tax filing (See crite	Signature, typed o	ole to satisfy its Inta nd elects to do so.	ngible	Janua Af A Make Chec	ary 1 - May 1	Fee is \$15 ee is \$550.00 BR is \$61.25	0.00 0	1	n Financing	\$5.00 May Be Added to Fees
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45/02

O THE SADER OF MEDICAL & GERIATRIC ASSOCIATES, P.A. TO OCCUPING BANK CENTRAL FLORIDA, N.A. 911 N. CENTRAL AVENUE
KISSIMMEE, FL 34741
(407) 933-2690 Department of State Department of State \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

-EI#593328509 #605419# #663105125#6474474533311#

**VEMO** 

AUTHORIZED SIGNATURE

\*\*150.00 DOLLARS

6/14/2002

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