

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070365

1. Entity Name

PHYSICIANS ALLIANCE OF CENTRAL FLORIDA, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90043 017 ***150.00

Principal Place of Business

Mailing Address

106 BOSTON AVENUE

106 BOSTON AVENUE

103

103

ALTAMONTE SPRINGS FL 32701

ALTAMONTE SPRINGS FL 32701-4711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3400372

Applied For

Not Applicable

Zip

Country

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

B & C CORPORATE SERVICES OF CEN. FLA, INC.
390 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
HUAMAN, GONZALO M.D.
1403 MEDICAL PLAZA DRIVE, SUITE 101
SANFORD FL 32771

☐ Delete

☐ Change ☐ Addition

P
WOODS, ABRAHAM L III MD
106 BOSTON AVENUE, SUITE 103
ALTAMONTE SPRINGS FL 32701

☐ Delete

☐ Change ☐ Addition

V
ARCIOLA, ANTHONY J M.D.
4106 W. LAKE MARY BLVD., SUITE 115
LAKE MARY FL 32746

☐ Delete

☐ Change ☐ Addition

S
NABIL, HILWA MD
6388 SILVER STAR RD., #2A
ORLANDO FL 32818

☐ Delete

☐ Change ☐ Addition

MAL
BURNEY, TRACY
106 BOSTON AVE, #103
ALTAMONTE SPRINGS FL 32701

☒ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)