

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000075173**

1. Entity Name

**ALTAMONTE INTERNAL MEDICINE, P.A.****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90398 013 \*\*\*150.00

0041517

Principal Place of Business <b>616 E ALTAMONTE DR STE 204 ALTAMONTE SPRINGS FL 32701 US</b>	Mailing Address <b>616 E ALTAMONTE DR STE 204 ALTAMONTE SPRINGS FL 32701 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-3398381</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**  
  
**ZAMAN, AHMADI B  
616 E ALTAMONTE DR  
STE 204  
ALTAMONTE SPRINGS FL 32701****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) DATE9. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZAMAN, AHMADI M.D. 616 E ALTAMONTE DR, STE 204 ALTAMONTE SPRGS FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

4/20/01 407-332-7300

CR2E034 (10/00)