

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90298 047 ***150.00

DOCUMENT # P98000069326

1. Entity Name
MEDICAL ASSOCIATES, P.A.



Principal Place of Business
720 W. OAK STREET
SUITE 312
KISSIMMEE FL 34741

Mailing Address
720 W. OAK STREET
SUITE 312
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3526972**

Applied For
Not Applicable

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

SIDDIQUE, IRFAN DR
801 W OAK ST.
KISSIMMEE FL 34741

Name **SIDDIQUE, IRFAN DR**
Street Address (P.O. Box Number is Not Acceptable)
720 W. OAK STREET, SUITE 312
City **KISSIMMEE** **FL** Zip Code **34741**

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

1/11/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **SIDDIQUE, IRFAN**
STREET ADDRESS **801 WEST OAK STREET**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **PSTD** ☐ Change ☐ Addition
NAME **SIDDIQUE, IRFAN**
STREET ADDRESS **720 W. OAK STREET, SUITE 312**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 (407) 944-1800
Date Daytime Phone #

0504122 AV

CR2E034 (10/02)