

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90021-044-\$150.00-\$150.00

DOCUMENT # P98000071030

1. Entity Name

IRENE BROWN MEDARY, P.A.

Principal Place of Business

Mailing Address

710 OAK COMMONS BOULEVARD  
KISSIMMEE FL 34741

710 OAK COMMONS BOULEVARD  
KISSIMMEE FL 34741-4100

2. Principal Place of Business

44 LAKE BEAUTY DRIVE

3. Mailing Address

PO BOX 1408

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

WINDERMERE, FL

4. FEI Number

59-3534132

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

34786

Country

USA

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

POITRAS, ROGER A JR.  
710 OAK COMMONS BOULEVARD  
KISSIMMEE FL 34741

Name IRENE B. MEDARY, M.D.

Street Address (P.O. Box Number is Not Acceptable)

44 LAKE BEAUTY DRIVE

SUITE 400

City ORLANDO

FL

Zip Code 32806

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MEDARY, IRENE B M.D.	
STREET ADDRESS	710 OAK COMMONS BOULEVARD	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE B. MEDARY, M.D.	
STREET ADDRESS	PO BOX 1408	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Irene B. Medary* IRENE B. MEDARY, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/2000

Date

407 839 1966

Daytime Phone #

SP

CR2E034 (9/99)