


# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>P98000071030</b>	
1. Entity Name <b>Irene Brown Medary, PA</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>400 Celebration Place</b>	3. Mailing Address <b>PO BOX 1408</b>
Suite, Apt. #, etc. <b>Suite A290</b>	Suite, Apt. #, etc.
City & State <b>Celebration, FL</b>	City & State <b>Windermere, FL</b>
Zip <b>34747</b>	Country <b>Osceola</b>
Zip <b>34786</b>	Country <b>Orange</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEL Number <b>59-3534104</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>Irene B. Medary, MD</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>400 Celebration Place</b>			
Suite <b>Suite A290</b>			
City <b>Celebration</b> <b>FL</b> Zip Code <b>34747</b>			

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE <b>Director</b>	TITLE <b>200018837412</b>
NAME <b>Irene B. Medary MD</b>	NAME <b>05/13/03--01055--001 **150.00</b>
STREET ADDRESS <b>400 Celebration Place, Suite A290</b>	STREET ADDRESS
CITY-ST-ZIP <b>Celebration, FL 34747</b>	CITY-ST-ZIP
TITLE <b>Director</b>	TITLE
NAME <b>MCX B. Medary MD</b>	NAME
STREET ADDRESS <b>400 Celebration Place, Suite A290</b>	STREET ADDRESS
CITY-ST-ZIP <b>Celebration, FL 34747</b>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **T. J. Medary MD** / **IRENE B. MEDARY MD** **03/11/03** **407 303 4344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

9/5/7