

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90161 003 \*\*\*150.00

**DOCUMENT #** P99000024084

**1. Entity Name**

THE MICHAEL BRANCH CLINIC PA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1403 MEDICAL PLAZA DR

**3. Mailing Address**

1403 MEDICAL PLAZA DR

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

DO NOT WRITE IN THIS SPACE

City & State

SANFORD, FL

City & State

SANFORD, FL

**4. FEI Number**

59-3563247

Applied For

Not Applicable

Zip 32771

Country USA

Zip 32771

Country USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name

J.W. DICKS ESQ

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

520 CROWN OAK CENTRE DR.

City

LONGWOOD,

FL

Zip Code

32750

**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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

PRESIDENT  
MICHAEL E. BRANCH  
1403 MEDICAL PLAZA DR. STE 100  
SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

*Michael Branch* Michael BRANCH 4/2/02 4073021239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)