

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

03-05-2003 90048 034 ***150.00

P99000024753

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 12 PM 2:40

DOCUMENT # P99000024753

1. Entity Name

WAFIK MAKARY M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
840 Dunlawton Ave.

3. Mailing Address
135 Wood Ibis Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. B

City & State
Port Orange

City & State
Daytona Beach, FL

Zip
32127

Country
Volusia

Zip
32119

Country
Volusia

4. FEI Number 59-3574684

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name Makary, Wafik

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

135 Wood Ibis Ct.

City Daytona Beach

FL

Zip Code
32119

**DO NOT WRITE
IN THIS SPACE**

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

Wafik Makary

2/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP Makary, Wafik F. 135 Wood Ibis Ct. Daytona Beach, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Wafik F. Makary

2/28/03

(386) 767-7885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)

3/12/03