

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000045641

1. Entity Name
ALTAMONTE PRIMARY CARE, INC.



Principal Place of Business
1101 E COLONIAL DR
ORLANDO, FL 32803

Mailing Address
PO BOX 160309
ALTAMONTE SPRINGS, FL 32716-0309



2. Principal Place of Business
221 South Knowles Ave
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Winter Park, FL
Zip
32789

City & State
City
Country
Zip
Country

4. FEI Number
59-3577139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURTIS, JANET R
1101 E COLONIAL DR
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
JANET R CURTIS
Street Address (P.O. Box Number Is Not Acceptable)

221 South Knowles Ave

City
Winter Park FL Zip Code
32789

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

Janet R Curtis

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

(NOTE: Registered Agent signature required when resigning)

4/26/03
DATE

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURTIS, JANET R
1101 E COLONIAL DR
ORLANDO, FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
221 South Knowles Ave
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Janet R Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03
Date

Daytime Phone #

CR2E034 (10/02)