

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90136 042 ***150.00

DOCUMENT # P99000094002**1. Entity Name****J. MICHAEL LATHAM, M.D., PROFESSIONAL ASSOCIATION****Principal Place of Business****2868 S OSCEOLA AVE
ORLANDO FL 32806****Mailing Address****2868 S OSCEOLA AVE
ORLANDO FL 32806****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3581746**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****KG&L SERVICES, INC.
C/O KAY, GRONEK & LATHAM, LLP
390 NORTH ORANGE AVE., STE. 600
ORLANDO FL 32801****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, J. MICHAEL M.D. 2868 S OSCEOLA AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)