

2001 UNIFORM BUSINESS REPORT (UBR)

5/1'

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-17-2001 91308 018 ***150.00

DOCUMENT # P99000100092

1. Entity Name

BAY HILL SAND LAKE MEDICAL ASSOCIATES III, INC.

Principal Place of Business

7512 DOCTOR PHILLIPS BOULEVARD
 SUITE 50-211
 ORLANDO FL 32819

Mailing Address

7512 DOCTOR PHILLIPS BOULEVARD
 SUITE 50-211
 ORLANDO FL 32819

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 **59-3609051**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HARDON, ABE
10134 BRANDON CR
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name **TED KURINSKY**
 Street Address (P.O. Box Number is Not Acceptable) **10134 BRANDON CIRCLE**
 City **Orlando** FL Zip Code **32836**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
 NAME **HARDON, ABE**
 STREET ADDRESS **7512 DOCTOR PHILLIPS BOULEVARD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **TED KURINSKY**
 STREET ADDRESS **10134 Brandon Circle**
 CITY-ST-ZIP **Orlando FL 32836**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

Ted Kurinsky

4/26/01

4073519558

CR2E034 (10/00)