

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90046 030 \*\*\*150.00

0106070 AV

**DOCUMENT # P99000100092**  
**1. Entity Name**  
**BAY HILL SAND LAKE MEDICAL ASSOCIATES III, INC.**

**Principal Place of Business**      **Mailing Address**  
**7512 DOCTOR PHILLIPS BOULEVARD**      **7512 DOCTOR PHILLIPS BOULEVARD**  
**SUITE 50-211**      **SUITE 50-211**  
**ORLANDO FL 32819**      **ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-3609051</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>Not Applicable</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>KURINSKY, TED</b> <b>10134 BRANDON CIRCLE</b> <b>ORLANDO FL 32836</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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]* **DATE** *4/29/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	---	--	--	--

<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PDST	KURINSKY, TED	10134 BRANDON CIRCLE				
		ORLANDO FL 32836					

**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]* **DATE** *4/29/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)