

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000100939**

1. Entity Name

UNIVERSITY WALK-IN MEDICAL CENTER, INC.**FILED****Jan 23, 2001 8:00 am
Secretary of State**

01-23-2001 90020 040 ***150.00

0039820

Principal Place of Business
**11550 UNIVERSITY BOULEVARD
ORLANDO FL 32817**

Mailing Address
**11550 UNIVERSITY BOULEVARD
ORLANDO FL 32817**

000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2. Principal Place of Business: **WINTER SPRINGS, FL**

3. Mailing Address: **P.O. Box 196247**

City & State: **32719-6247**

4. FEI Number: **59-3607609**

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
Zip		Zip	

6. Name and Address of Current Registered Agent: **APPLETON, MICHAEL J
1031 W. MORSE BLVD., SUITE 105
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent: **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, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D HOPKINS, SAMUEL M	TITLE	D HOPKINS, SAMUEL M
NAME	1031 W. MORSE BLVD., SUITE 105	NAME	11550 UNIVERSITY BLVD
STREET ADDRESS	WINTER PARK FL 32789	STREET ADDRESS	ORLANDO, FL 32817
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GARBER, MITCHELL K	TITLE	D GARBER, MITCHELL K.
NAME	1031 W. MORSE BLVD., SUITE 105	NAME	297 TRAVESTOCK LOOP
STREET ADDRESS	WINTER PARK FL 32789	STREET ADDRESS	WINTER SPRINGS, FL 32708
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MITCHELL K GARBER 1-7-01 407 920 4682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)