

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90042 043 ***150.00

DOCUMENT # P99000100939



1. Entity Name
UNIVERSITY WALK-IN MEDICAL CENTER, INC.

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

Mailing Address
**P.O. BOX 196247
WINTER SPRINGS FL 32719-6247**

40000333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3607609**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**APPLETON, MICHAEL J
1031 W. MORSE BLVD., SUITE 105
WINTER PARK FL 32789**

Name
MITCHELL K GARBER
Street Address (P.O. Box Number is Not Acceptable)
297 TAVESTOCK LOOP
City
WINTER SPRINGS FL **32708**

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 *MITCHELL K GARBER*, **MITCHELL K GARBER, PRESIDENT** 1-3-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **HOPKINS, SAMUEL M**
STREET ADDRESS **11550 UNIVERSITY BLVD**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete
NAME **GARBER, MITCHELL K**
STREET ADDRESS **297 TAVESTOCK LOOP**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

☐ Change ☐ Addition
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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: *MITCHELL K GARBER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03 4079204682
Date Daytime Phone #

CR2E034 (10/02)