

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S22220**

1. Entity Name

**GAINESVILLE FAMILY PHYSICIANS, P.A.****FILED****Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90238 038 \*\*\*150.00

R1725333

Principal Place of Business	Mailing Address
2731 NW 41ST STREET SUITE A-2 GAINESVILLE FL 32606	2731 NW 41ST STREET SUITE B-2 GAINESVILLE FL 32606

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3042421	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MEDLEY, E. SCOTT 2731 NW 41ST STREET SUITE A-2 GAINESVILLE FL 32606

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 *E. Scott Medley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

*Signed here in error**No change necessary at this time*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	
TITLE	D <input type="checkbox"/> Delete
NAME	MEDLEY, E. SCOTT
STREET ADDRESS	2731 NW 41ST ST., #A-2
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	CARMICHAEL, PATRICK R.
STREET ADDRESS	2731 NW 41ST ST., #A-2
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	BENCHIMOL, GEORGE M.
STREET ADDRESS	2731 NW 41ST ST., #A-2
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	LEYTEM, MD B
STREET ADDRESS	2731 N.W. 41ST ST. # A-2
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	BERK, JAMES W
STREET ADDRESS	2731 NW 41ST ST
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	D <input type="checkbox"/> Delete
NAME	LAUZARDO, EILEEN F
STREET ADDRESS	2731 NW 41ST ST
CITY-ST-ZIP	GAINESVILLE FL 32606

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)