1/7/02-90012-049-$

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
01-07-2002 90012 049 ***150.00

DOCUMENT # S28037

1. Entity Name
FAMILY MEDICAL SPECIALIST, INC.

Principal Place of Business	Mailing Address
7242 WEST COLONIAL DRIVE ORLANDO FL 32818	7242 WEST COLONIAL DRIVE ORLANDO FL 32818

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

4. FEI Number 59-3073672 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GARNER, JEFF
7242 WEST COLONIAL DRIVE
ORLANDO FL 32818

7. Name and Address of New Registered Agent
Name Julius M. Garner, M.D.
Street Address (P.O. Box Number Is Not Acceptable)
7242 West Colonial Drive
City Orlando FL Zip Code 32818-6749

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. 2-11-02

SIGNATURE Julius M. Garner, M.D. [signature] [signature] 01-03-02
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GARNER, JEFF 7242 W. COLONIAL DR. ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Julius M. Garner M.D 7242 W. Colonial Drive Orlando, FL. 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Julius M. Garner, M.D. SIGNATURE REQUIRED [signature] 01-03-02 407-296-2273XX34
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 2-11-02