

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31577

1. Entity Name

ORLANDO CENTER FOR INTERNAL MEDICINE AND PRIMARY

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90054 048 ***150.00

Principal Place of Business

6388 SILVER STAR ROAD
ORLANDO FL 32818

Mailing Address

6388 SILVER STAR ROAD
ORLANDO FL 32818-3235

2. Principal Place of Business

10000 W. COLONIAL DR

3. Mailing Address

10000 W. COLONIAL DR

Suite, Apt. #, etc.

487

Suite, Apt. #, etc.

487

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3050752

Applied For

Not Applicable

Zip

Country

34761-3498

Zip

Country

34761-3498

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

Street Address (P.O. Box Number is Not Acceptable)

10000 W. COLONIAL DR

487

City

ORLANDO

FL

Zip Code

34761-3498

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME DORN, AMY K.
STREET ADDRESS 6388 SILVER STAR RD.
CITY-ST-ZIP ORLANDO-FL

☒ Change ☐ Addition
NAME 10000 W. COLONIAL DR #487
STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 34761-3498

TITLE ☐ Delete
NAME NATHANSON, RICHARD P
STREET ADDRESS 6388 SILVER STAR RD.
CITY-ST-ZIP ORLANDO-FL

☒ Change ☐ Addition
NAME 10000 W. COLONIAL DR #487
STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 34761-3498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ 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: *Richard P. Nathanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-2961923

CR2E034 (9/99)