

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90068 027 \*\*\*150.00

**DOCUMENT # S31577**

1. Entity Name

**ORLANDO CENTER FOR INTERNAL MEDICINE AND PRIMARY CARE, P.A.**



Principal Place of Business

**10000 W COLONIAL DR  
#487  
OCOE FL 34761-3498**

Mailing Address

**10000 W COLONIAL DR  
#487  
OCOE FL 34761-3498**

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

**59-3050752**

Applied For

Not Applicable

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

**NATHANSON, RICHARD P  
10000 W COLONIAL DR  
#487  
OCOE FL 34761-3498**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **P** ☐ Delete  
NAME **DORN, AMY K.**  
STREET ADDRESS **10000 W COLONIAL DR # 487**  
CITY-ST-ZIP **OCOE FL 34761-3498**

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

TITLE **V** ☐ Delete  
NAME **NATHANSON, RICHARD P**  
STREET ADDRESS **10000 W COLONIAL DR # 487**  
CITY-ST-ZIP **OCOE FL 34761-3498**

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

TITLE **T** ☐ Delete  
NAME **MARSEL, SCOTT**  
STREET ADDRESS **10000 W COLONIAL DR #487**  
CITY-ST-ZIP **OCOE FL 34761-3498**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE OF SCOTT MARSEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-5-03 4072961923**

CR2E034 (10/02)