

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90220 031 ***150.00

0041293

DOCUMENT # S53901

1. Entity Name

RUSSELL M. GRAHAM, M.D. AND RAUL E. TAMAYO, M.D.

Principal Place of Business

**393 WHOOPING LOOP, STE 1461
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

**393 WHOOPING LOOP, STE 1461
ALTAMONTE SPRINGS FL 32701
US**

2. Principal Place of Business

**450 Central Parkway W
Suite, Apt. #, etc.
Suite 1000**

3. Mailing Address

**450 Central Parkway W
Suite, Apt. #, etc.
Suite 1000**

City & State

Altamonte Spgs.

City & State

Altamonte Spgs

Zip

32714

Country

US

Zip

32714

Country

US

4. FEI Number

59-3064616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, RUSSELL M MD.
393 WHOOPING LOOP #1461
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Graham, Russell M M.D.

Street Address (P.O. Box Numbers Not Acceptable)

450 Central Parkway W.

Suite 1000

City

Altamonte Springs

FL

Zip Code

32714

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, 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 **DP** ☐ Delete

NAME **GRAHAM, RUSSELL M**
STREET ADDRESS **393 WHOOPING LOOP, #1461**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VPT** ☐ Delete

NAME **TAMAYO, RAUL E M.D.**
STREET ADDRESS **393 WHOOPING LOOP #1461**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **450 Central Parkway W. Suite 1000**
STREET ADDRESS **Altamonte Springs, FL. 32714**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **450 Central Parkway W. Suite 1000**
STREET ADDRESS **Altamonte Springs, FL. 32714**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)