

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08254

1. Entity Name

ASSOCIATED FAMILY MEDICINE II, P.A.

Principal Place of Business

895 FOX VALLEY DRIVE
LONGWOOD FL 32779

Mailing Address

895 FOX VALLEY DRIVE
LONGWOOD FL 32779-2550

2. Principal Place of Business

501 W. State Rd 434

Suite, Apt. #, etc.

Physician Plaza, Suite 101

City & State
Longwood, FL

Zip

32750

Country

3. Mailing Address

P.O. Box 915201

Suite, Apt. #, etc.

City & State
Longwood FL

Zip

32791-5201

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3106061

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

KEIDAISH, PHILIP F., JR.
SUITE 800
505 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

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

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 PD
NAME VYAS, ZABUNNISA
STREET ADDRESS 895 FOX VALLEY DRIVE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

TITLE V
NAME VYAS, SUREE
STREET ADDRESS 895 FOX VALLEY DRIVE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

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

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 (9/99)