

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08254

1. Entity Name

ASSOCIATED FAMILY MEDICINE II, P.A.

Principal Place of Business

501 W STATE RD 434
PHYSICIAN PLAZA STE 101
LONGWOOD FL 32750

Mailing Address

PO BOX 915201
LONGWOOD FL 32791-5201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 705 W SR 434 STE. E
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 705 W SR 434 STE. E
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Change ☐ Addition

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADMINISTRATOR

Date

3/22/2001

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90022 013 ***150.00



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

CR2E034 (10/00)

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