

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90017 048 \*\*\*150.00

**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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

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

**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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>VYAS, ZABUNNISA</b> <b>705 W SR 434 STE E</b> <b>LONGWOOD FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>VYAS, SUREE</b> <b>705 W SR 434 STE E</b> <b>LONGWOOD FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ADMINISTRATOR** **4/29/02** **407.530-7715**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)