2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L07529 **DOCUMENT#**

PASCO CARDIOLOGY CENTER, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90945 006 ***150.00

City & State	Principal Place of 5307 MAIN ST STE 102 NEW PORT RICHE US 2. Principal Place Suite, Apt. #, e	EY FL 3465 e of Busine		STE 1 NEW US 3. Mail	Mailing Address 5307 MAIN ST STE 102 NEW PORT RICHEY FL 34652 US 3. Mailing Address Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
Country Zip Country Zip Country Zip S. Centificate of Status Desire Se. 75 Addition See Required See Requi	City & State		1	City & State				4.	FEI Number EQ-2021447	T A	pplied For	
CHANG, FONG ME! YOUNG, M.D. SITE ADDRESS (P.D. Box Numbers and Address of New Registered Agent CHANG, FONG ME! YOUNG, M.D. SOJY MAIN ST, STE 102 NEW PORT RICHEY FL 34652 8. The above numerod only submits this statement for the purpose of changing its registered agent, or both, in the State of Florico. I am familier with, and accept the obligations of registered agent and fixed in ground agent and fixed ingotices. FILE NOW!!! FEE S \$150.00 After May 1, 2003 'Fee will be \$550.00 Make Check Paybole to Piprida Department of State POHICHS AND DIRECTORS OTY-ST-2P THE NAME SIRET ADDRESS OTY-ST-2P THE NAME SIRET										` 1		
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CHANG, FONG ME! YOUNG, M.D. SOT MAIN ST, STE 102 NEW PORT RICHEY FL 34652 1. City FL City								7. 1	Name and Address of New Registered Age	nt		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lem familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur	5307 MAIN ST, STE 102						•					
SIGNATURE STREET ADDRESS CITY-ST-ZIP Delete	ž.						City	•	FL	Zip Cod	de	
FILE NOW!II FEE IS \$150.00 After May 1, 2003 fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME SIRET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREE	the obligations of registered agent. SIGNATURE											
After May 1, 2003 Fee will be \$550.00 State	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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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	NAME STREET ADDRESS CITY-ST-ZIP					NAM STRE CITY	E EET ADDRESS -ST-ZIP					

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, purple other like empowered.

SIGNATURE:

KUURED

Date

Daytime Phone #