2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90051 042 ***150.00

DOCUMENT # M00536

1. Entity Name

ADIB ANTOINE CHIDIAC M.D., P.A.

Principal Place of Business	Mailing Address
~~601 E. SAMPLE ROAD. #101~~ ~~POMPANO BEACH FL 33064~~	~~601 E. SAMPLE ROAD. #101~~ ~~POMPANO BEACH FL 33064-7540~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 EAST Sample Rd	
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.
City & State: Lighthouse PT	City & State
Zip: 33064 / Country	Zip / Country

4. FEI Number 59-2411629 ☐ 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
CHIDIAC, ADIB ANTOINE ~~601 E. SAMPLE ROAD, #101~~ ~~POMPANO BEACH FL FL 33064~~	Name: Street Address (P.O. Box Number is Not Acceptable): 2100 E. Sample Rd, SUITE 201 City: Light house PT FL Zip Code: 33064

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 X [signature] 1/28/00
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 NAME STREET ADDRESS CITY-ST-ZIP	MD CHIDIAC, ADIB ANTOINE ~~601 E. SAMPLE RD., #101~~ ~~POMPANO BCH. FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2100 E. Sample Rd, 201 LHP, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: X [signature] 1/28/00 (954)781-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #