

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90185 041 ***150.00

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DOCUMENT # P01000086087
 1. Entity Name
MOURADI ELCHAHAL, M.D., P.A.

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|--|--|
| Principal Place of Business 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602 | Mailing Address 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602 |
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|---|---|
| 2. Principal Place of Business 13601 Bruce B. Downs Blvd. | 3. Mailing Address 13601 Bruce B. Downs Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| City & State Tampa, Florida | City & State Tampa, Florida | 4. FEI Number 59-3746141 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33613 | Country USA | Zip 33613 | Country USA |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUTTON, KEVIN H
101 E KENNEDY BLVD SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **Mouradi Elchahal, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
13601 Bruce B. Downs Blvd.
 City **Tampa** **FL** Zip Code **33613**

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 *Mouradi Elchahal* DATE **1-18-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 |
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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 checked="" type="checkbox"/> Addition |
| 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: *Mouradi Elchahal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 977-2825

Date Daytime Phone #

CR2E034 (9/01)