

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90172 014 ***150.00

40025137



DOCUMENT # P03000088103 1. Entity Name CENTRAL FLORIDA HOSPITALISTS, INC						
Principal Place of Business 3228 COVE BEND DR TAMPA, FL 33613			Mailing Address 3228 COVE BEND DR TAMPA, FL 33613			
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			7. Name and Address of New Registered Agent			
MUNIR, MOHAMMAD 18116 ASHTON PARKWAY TAMPA, FL 33647			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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE 2.10.5 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	MOHAMMAD, KHAN J			NAME		
STREET ADDRESS	18116 ASHTON PARKWAY			STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP		
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	MUNIR, MOHAMMAD			NAME		
STREET ADDRESS	18116 ASHTON PARKWAY			STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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 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, with all other like empowered.						
SIGNATURE: 2.10.5 813 727 7069 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						