

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90187 011 ***550.00

0360011 AV

DOCUMENT # **P94000072495**

1. Entity Name
FIMC SPECIALTIES GROUP, INC.



Principal Place of Business
**121 SOUTH S.R. 7
PLANTATION FL 33317**

Mailing Address
**11401 SW 25TH CT.
FT. LAUDERDALE FL 33325**

NEW ADDRESS

Principal Place of Business
(D-4) 8200 W. SUNRISE BLVD

3. Mailing Address
8200 W. SUNRISE BLVD

Suite, Apt. #, etc.
D-4

City & State
PLANTATION


City & State
PLANTATION

Zip
33392

Country

Zip
33392

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0529004** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALASUBRAMANIAM, K.
2348 NW 94TH AVE.
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

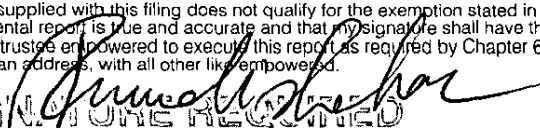
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANKAR, MURALI P. MD 11401 SW 25TH CT. FT. LAUDERDALE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHANKAR, MANDITA 11401 SW 25TH CT. FT. LAUDERDALE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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

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:  **5/12/03** **(954) 308-0993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
90135889

FIMC SPECIALITY GROUP INC
D-4 8200 W.SUNRISE BLVD.
PLANTATION FL-33322
TEL:954-308-0993
FAX:954-475-1741

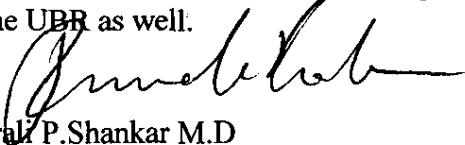
May12th 2003.

Sub: change of address

Ref#65-052-9004
P94000072495

Dear Sir/Madam,

Please note the change of address as mentioned above .I have made the changes
in the UBR as well.



Murali P.Shankar M.D

Faint, illegible text, possibly a stamp or additional address information.