

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90023 012 ***150.00

DOCUMENT # P95000026440

1. Entity Name
GULF VIEW WALK IN CLINIC, INC.

Principal Place of Business
6329 SR 54
NEW PORT RICHEY FL 34653
US

Mailing Address
6329 SR 54
NEW PORT RICHEY FL 34653
US

401044



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3316191 | | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |

| | | | |
|--|--|--|-----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DHALIWAL, GUNWANT S 6329 SR 54 NEW PORT RICHEY FL 34653 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$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 | D DHALIWAL, GUNWANT S 6329 STATE ROAD 54 NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date **4/28/02** Daytime Phone # **727-844-5555**

CR2E034 (9/01)