

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 560989

1. Entity Name

PULMONARY DISEASE ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

B0068596

2. Principal Place of Business

3594 BROADWAY

3. Mailing Address

3594 BROADWAY

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

59-1801116

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOSANI, RAZAK, A.M.D.

Street Address (P.O. Box Number is Not Acceptable)

3594 BROADWAY, SUITE D

City

FORT MYERS

FL

Zip Code

33901

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

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)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

PST

DOSANI, RAZAK A., M.D.

3594 BROADWAY, SUITE D

FORT MYERS, FL 33901

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

FEROZ, ABUSAYEED M., M.D.

3594 BROADWAY, SUITE D

FORT MYERS, FL 33901

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAZAK A. DOSANI, M.D., PRESIDENT

3-28-02

Date

941-274-8500

Daytime Phone #

CF2E034B (12/01)