


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

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90025 047 \*\*\*150.00

DOCUMENT # <b>585328</b>	
1. Entity Name <b>ALBERT TAWIL MD, PA</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1913 W. DR. M.L. King Blvd.</b>		3. Mailing Address <b>1913 W. DR. M.L. King Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL.</b>		City & State	
Zip <b>33607</b>	Country <b>Hillsborough</b>	Zip <b>33607</b>	Country <b>USA</b>

**20030754**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-1846041</b>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
		7. Name and Address of Current Registered Agent	
		Name <b>ALBERT TAWIL MD</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1913 W. DR. MARTIN L. King Blvd</b>	
		City <b>TAMPA</b>	FL Zip Code <b>33607</b>

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 \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD TAWIL, ALBERT 1913 W. DR. MARTIN L. King TAMPA FLA. 33607</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Albert Tawil MD* **4/11/05** **813 8765544**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)