

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90009 035 ***150.00

DOCUMENT # F94000006268

1. Entity Name

ISLAND DEVELOPMENT GROUP LIMITED, INC.

Principal Place of Business

Mailing Address

**40700 WOODWARD AVENUE SUITE 220
 BLOOMFIELD HILLS MI 48304**

**40700 WOODWARD AVENUE SUITE 220
 BLOOMFIELD HILLS MI 48304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3083163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURLOW, THOMAS H JR
 THURLOW & SMITH, P.A.
 17 MARTIN L. KING, JR. BLVD.
 STUART FL 33494**

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.

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) ☐

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. ☐

\$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 BERKEY, JON H 40700 WOODWARD AVENUE SUITE 220 BLOOMFIELD HILLS MI 48304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HITEN C. PATEL, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BASSETT, JOSEPH S M.D. 325 DUNSTON BLOOMFIELD HILLS MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH S. BASSETT, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HOSKI, JOSEPH A M.D. 11885 12 MILE ROAD, STE. 200B WARREN MI 48093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. JOSEPH HOSKI, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM JONES, STANLEY 2945 S. WOODWARD, FOUR SEASONS, UNIT 9 BLOOMFIELD HILLS MI 48304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL LALA, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KAPDI, CHANDRAKANT C M.D. 871 HARSDALE BLOOMFIELD HILLS MI 48013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANDRAKANT C. KAPDI, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM THOMAS, DOMINIC PH.D. 6010 BARRIE DEARBORN MI 48126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HITEN C. PATEL, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 indicated on this report of 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

JOSEPH S. BASSETT, M.D.

Date

4-24-02

(248) 645-2200

Daytime Phone #

CR2E034 (9/01)