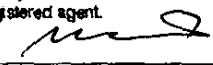
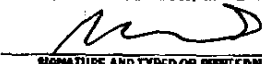


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91365 019 ***150.00

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

DOCUMENT # H31945 1. Entity Name I. ED. TARABISHY, M. D., P. A.					
Principal Place of Business OAK HILL MEDICAL CENTER Plaza 11339 CORTEZ BLVD. BROOKSVILLE, FL 34613-5402			Mailing Address OAK HILL MEDICAL CENTER Plaza 11339 CORTEZ BLVD. BROOKSVILLE, FL 34613-5402		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
4. FEI Number 59-2472922				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARABISHY, IMAD E. OAK HILL MEDICAL CENTER Plaza 11339 CORTEZ BLVD. BROOKSVILLE, FL 34613-5402			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  DATE 4/24/03 Signature, typewritten or printed name of registered agent and title if applicable. (OTHER: Registered Agent signature required when resigning)					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TARABISHY, IMAD E. 11339 CORTEZ BLVD., OAK HILL MEDICAL CENTER BROOKSVILLE, FL 340135402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE 4/24/03 352-596-8558 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)