

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/1

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90026 039 \*\*\*150.00

**DOCUMENT # H68052**

1. Entity Name

**FATTEH FAMILY MEDICINE ASSOCIATES, P.A.**

Principal Place of Business

8251 W. BROWARD BLVD., SUITE 408  
 PLANTATION FL 33324

Mailing Address

8251 W. BROWARD BLVD., SUITE 408  
 PLANTATION FL 33324

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

**59-2558609**

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

**ABDULLAH, FATTEH**  
**8251 W. BROWARD BLVD., SUITE 408**  
**KINGSTON PLAZA BLDG.**  
**PLANTATION FL 33324**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP FATTEH, ABDULLAH M.D. 8251 W. BROWARD BLVD FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 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 REQUIRED**

8-1-00

954-472-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (500)

307512

**ABDULLAH FATTEH**  
**M.D., Ph.D., LL.B., F.R.C.P., F.C.L.M.**  
**Fatteh Family Medicine Associates, P.A.**

8251 West Broward Boulevard  
Suite 403, Kingston Plaza Building  
Plantation, Florida 33324  
Telephone: (305) 473-8600

uniform Business Report,  
Division of Corporations.

To whom it may concern,

We have been in business many years and this is the first time we are late filing - I take care of all the accounts and I was out of the country for three months - I am enclosing a check for \$150. hope you waive the penalty considering the circumstances - Thank you,

I had called and sent this letter along with it. I hope you consider our request - Thank you. Sincerely ref.

Yours Sincerely

MaHagna Fattah

8/1/00