2000 UNIFORM BUSINESS REPORT (UBR)

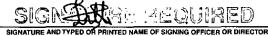
FILED **DOCUMENT # H75835** Apr 18, 2000 8:00 am Secretary of State ARTO S. MOURADIAN, M.D., P.A. 04-18-2000 90064 015 ***150.00 Principal Place of Business Mailing Address 812 W M L KING BLVD 812 W M L KING BLVD TAMPA FL 33603 TAMPA FL 33603 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2577932 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired _____ ~Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOURADIAN, ARTO S., M.D. Street Address (P.O. Box Number is Not Acceptable) 812 W M L KING JR BLVD STE 203 **TAMPA FL 33603** Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE NAME MOURADIAN, ARTO S. M. NAME STREET ADDRESS STREET ADDRESS 812 W M L KING JR BLVD #203 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



4-11-00

813-307-<u>9876</u>.

Daytime Phone #