STORRY AV

FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91387 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J54290**

1. Entity Name

HAMID BAGLOO, M.D., P.A.

Principal Place of Business % HAMID BAGLOO. M.D. 521 E. CENTRAL AVE. WINTER HAVEN FL 33880			% HA 521 E	Mailing Address % HAMID BAGLOO, M.D. 521 E. CENTRAL AVE. WINTER HAVEN FL 33880							
2. Principal Place of Business			3. Mai	3. Mailing Address			I (\$611) A BIOL OILLI DIBID (4010 LOLII A	8 01 81871 81911 9	8 6 8 0	1811 B1811 1881	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	& State		4. F	4. FEI Number 59-2787622			oplied For	
Zip		Country	Zip		Country	5. (Certificate of Status Desired		.75 Add	ditional	
	6. Name	and Address of Ci	urrent Registere	ed Agent		7. N	lame and Address of New Reg	istered Age	nt		
	_ .				Name						
Bagloo, Hamid 521 E. Central Ave.				Street Addres			s (P.O. Box Number is Not Acceptable)				
	AVEN FL 3								•		
'•					City			FL	Zip Cod	e	
	named entity		ment for the purp	ose of changing its	registered office or reg	gistered age	ent, or both, in the State of Florid	a. I am fami	liar with,	and accept	
SIGNATURE .					•						
	Signature, typed o	r printed name of registere	ed agent and title if app	olicable (NOTE	: Registered Agent signature re	equired when rei	instating)	DATÉ			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		0				Flaction Comparing Figure	cina	\$5.0	0 May Be		
	r May 1, 200	3 Fee will be \$55					 9. Election Campaign Finant Trust Fund Contribution. 			to Fees	
	r May 1, 200 Payable to	3 Fee will be \$55 Florida Departm		PRS :	11.	AD			Added	to Fees	
Make Check 10. TITLE NAME STREET ADDRESS	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	RS Delete	TITLE NAME STREET ADDRESS	AD	Trust Fund Contribution.	RS AND DIF	Added	to Fees	
Make Check 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD:	Trust Fund Contribution.	ERS AND DIF	Added	d to Fees S IN 11	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD:	Trust Fund Contribution.	ERS AND DIF	Added	to Fees	
Make Check 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD:	Trust Fund Contribution.	ERS AND DIF	Added	d to Fees S IN 11	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AD	Trust Fund Contribution.	ERS AND DIF	Added	d to Fees S IN 11	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AD	Trust Fund Contribution.	ERS AND DIF	Added	d to Fees S IN 11	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AD	Trust Fund Contribution.	ERS AND DIF	Added RECTORS Change Change	I to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AD	Trust Fund Contribution.	ERS AND DIF	Added RECTORS Change Change	I to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	ERS AND DIF	Addec	d to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD	Trust Fund Contribution.	ERS AND DIF	Added RECTORS Change Change	I to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	ERS AND DIF	Addec	d to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	AD	Trust Fund Contribution.	ERS AND DIF	Addec	d to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AD	Trust Fund Contribution.	ERS AND DIF	Addec	d to Fees S IN 11 Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	ERS AND DIF	Addec RECTORS Change Change	I to Fees S IN 11 Addition Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AD	Trust Fund Contribution.	ERS AND DIF	Addec RECTORS Change Change	I to Fees S IN 11 Addition Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS I CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	ERS AND DIF	Added RECTORS Change Change Change Change	Addition Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD	Trust Fund Contribution.	ERS AND DIF	Addec RECTORS Change Change	I to Fees S IN 11 Addition Addition Addition	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payable to DP BAGLOO, I 521 E. CEI	3 Fee will be \$55 Florida Departm OFFICERS HAMID TTRAL AVE.	ent of State	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	ERS AND DIF	Added RECTORS Change Change Change Change	Addition Addition Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGHBASIBE, REQUIRED

4/25/03

(863)299-5410

Daytime Phone #

CR2E034 (10/0