

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0022040

01-31-2002 90031 050 \*\*\*\*50.00

**DOCUMENT # L01000008978**

1. Entity Name

**MALEK HANANO, MD, PLLC**

Principal Place of Business

**5231 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE FL 34786-8900**

Mailing Address

**5231 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE FL 34786-8900**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**264-43-7150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HANANO, MALEK  
5231 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE FL 34786-8900**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

**MGR  
MALEK HANANO  
5231 ISLEWORTH C. CLUB DR  
WINDERMERE, FL 34786-8900**☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**☐ Delete

10. ADDITIONS / CHANGES

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/18/02 407-518-6004**

CR2E083 (9/01)