

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90996 001 *****5.00
05-12-2003 90996 002 *****50.00

DOCUMENT # L01000017295

1. Entity Name
M. FARHAN SIDDIQUI, MD, PL



Principal Place of Business
**PO BOX 880414
BOCA RATON FL 33488**

Mailing Address
**PO BOX 880414
BOCA RATON FL 33488**

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 **65-1142797**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIDDIQUI, M. FARHAN M.D.
14838 S. MILITARY TR.
DELRAY BEACH FL 33484**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SIDDIQUI, M. FARHAN
PO BOX 880414
BOCA RATON FL 33488** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 #

04-24-03 561-703-7951

CR2E083 (10/02)

Attachment

55040203
#LD1000017295

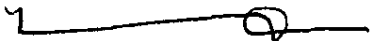
May 8, 2003

The Director
UBR 2003
State of Florida

Dear Sir or Madam:

I am sending you the UBR 2003 for a second time after it got returned for the first time because my office staff forgot to put stamps on the envelopes. It was put in the mail the first time on April 24, 2003. Please excuse the delay because of my staff mistake.

Thank you,



M. Farhan Siddiqui, MD, MPH

For

M. Farhan Siddiqui, MD, PL (FEI # 65-1142797)