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

☐ CHECK HERE IF MAKING CHANGES

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 M. Farhan Siddiqui, MD 04-24-03
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
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CR2E083 (10/02)

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 04-24-03 561-703-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment 55040203
#L01000017295

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)