2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90030 016 ***158.75

DOCUMENT # P00000001362

1. Entity Name
SYED ALI SAFDAR, M.D., INC. BAY AREA MEDICAL CLINIC P.A.

Principal Place of Business	Mailing Address
9305 CYPRESS BEND ROAD TAMPA FL 33647	9305 CYPRESS BEND ROAD TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6719 GALL BLVD		9305 CYPRESS BEND	
Suite, Apt. #, etc. SUITE 106		Suite, Apt. #, etc. DRIVE	
City & State ZEPHYRHILL FL		City & State TAMPA FL	
Zip 33541	Country PASCO	Zip 33647	Country HILLSBOUROUGH

4. FEI Number 59-3616387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIKOS, CYNTHIA A ESQ. 205 NORTH PARSONS AVENUE SUITE A BRANDON FL 33510-4515	Name RICHARD F WHEELER Street Address (P.O. Box Number is Not Acceptable) 217 EAST ROBERTSON STREET City BRANDON FL Zip Code 33511

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 Syed Ali Safdar DATE 4/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAFDAR, SYED A MD 9305 CYPRESS BEND ROAD TAMPA FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Syed Ali Safdar SYED ALI SAFDAR MD 4/21/02 (813) 7154446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)