

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90227 031 \*\*\*150.00

0018923 AV

**DOCUMENT # P00000074282**

**1. Entity Name**  
**FUNCOAST PEDIATRICS, P.A.**

**Principal Place of Business**  
**1688 WEST GRANADA BLVD.**  
**ORMOND BEACH FL 32174**

**Mailing Address**  
**1688 WEST GRANADA BLVD.**  
**ORMOND BEACH FL 32174**



**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 59-3662791**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WHITE, JAMES G M.D.**  
**1688 WEST GRANADA BLVD.**  
**ORMOND BEACH FL 32174**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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	PD	<input type="checkbox"/> Delete
NAME	WHITE, JAMES W MD	
STREET ADDRESS	1688 W GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALMAN AHMED M.D.	
STREET ADDRESS	1688 W. GRANADA BLVD #2B	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALMAN AHMED, M.D.	
STREET ADDRESS	1688 W. GRANADA BLVD #2B	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 386-677-3530  
 Date Daytime Phone #

CR2E034 (9/01)