2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000109934

1. Entity Name

PRIMARY CARE ASSOCIATES OF S.W. FLORIDA, P.A.



FILED Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90124 044 ***150.00

1685 TAMIAMI TRL #4 PORT CHARLOTTE FL 33952		1685 TAMIAMI TRL #4 PORT CHARLOTTE FL 33952				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1052826	Applied For Not Applicable	
Zip	Country	Zip	Country		5 Additional equired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
MEMON, TANWEER A 1685 TAMIAMI TRL PORT CHARLOTTE FL 33-948X			Name Street Address (P.O. Box Number is Not Acceptable)			
1 0111 011	ANEOTIE JE 66 846A		City	FL Zij	o 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kamal, asif 4207 Gingold St. Port Charlotte Fl 33948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ C+	nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPPUZHA, GEORGE C 1006 ARREDONDO ST. N. PORT FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cł	nange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENON, TANWEER A 381 LIABASH TERR PORT CHARLOTTE FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP"	□ CF	nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, SYED 215 STEBBINS TERR PORT CHARLOTTE FL 33952	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cr	vange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-\$T-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ch	ange Addition	
45 11			5111 UT 211			

I hereby certify that the information supplied with this filling 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 eprhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R GEORGE G. KOPPULBA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/03

Daytime Phone #