2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000008696 **DOCUMENT#**

1. Entity Name

SHAHID ZEB, M.D., P.A.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90038 016 ***150.00

					ILE:					
Principal Place of Business			Mailing Address			-		- -		
2558 CAPITAL MEDICAL BLVD.			2558 CAPITAL MEDICAL BLVD.							
_SUITE_A			SUITE A					iona oma		
TALLAHASSEE	FL 32308	IALLA	HASSEE-FL-32308							
2. Principal Place of Business			3. Mailing Address					10110 UIII 11	1410 OAH FEOF	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9 .	City	City & State			FEI Number 59-3697740			oplied For ot Applicable	
Zip	Counti	y Zip		Country	5.	Certificate of Status Desired		8.75 Add e Require		
•	6. Name and Add	ress of Current Register	ed Agent		7.	Name and Address of New R	egistered Ag	ent		
					Name					
ZEB, SHAF				Street Address (P.O. Box Number is Not Acceptable)						
	tal medical blvī See FL 32308). 								
IALLANAS		City	City FL Zip Code							
.⁴ The above	named entity submits	this statement for the purp	oose of changing its re	gistered office or	registered a	agent, or both, in the State of Flo		niliar with,	and accept	
the obligat	ions of registered age	nt.			_				ļ	
SIGNATURE .	Signature, typed or printed na	me of registered agent and title if ap	plicable. (NOTE: F	Registered Agent signatur	re required when	reinstating)	DATE			
F	LE NOW!!! FEE	IS \$150.00	19-00-2012	ره ستحر	مسين سيديد	9. Election Campaign Fir	ancina: **-	ΦE Ω	O May Be	
	vill be \$550.00			Trust Fund Contributio			to Fees			
	Payable to Florida	Department of State	<u> </u>				10500 AUD D	IDEOTO D	2107.44	
10.		OFFICERS AND DIRECTO		11.	F	ADDITIONS/CHANGES TO OFF		Change	Addition	
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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 empowered 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:

SIGNATURE REQUIRED

Date

Daytime Phone #