

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91220 021 \*\*\*150.00

DOCUMENT # **P01000009651**

1. Entity Name

**ASGHAR A. CHAUDHRY MD PA**



**DO NOT WRITE IN THIS SPACE**

**11005580**

2. Principal Place of Business

**11711 N.W. 26th CT**

Suite, Apt. #, etc.

3. Mailing Address

**11711 N.W. 26th CT**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**CORAL SPRINGS**

City & State

**CORAL SPRINGS FL**

4. FEI Number

**65-1077058**

Applied For

Not Applicable

Zip

**33065**

Country

**USA**

Zip

**33065**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**ASGHAR A. CHAUDHRY**

Street Address (P.O. Box Number is Not Acceptable)

**11711 N.W. 26th CT**

City

**CORAL SPRINGS**

FL

Zip Code

**33065**

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 restate)

DATE

**4/18/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT**

**Asghar A. Chaudhry MD**

**11711 N.W. 26th CT Coral Springs FL 33065**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**

Date

**954-340-7831**

Daytime Phone #

CR2E034B (12/02)