2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000040851 DOCUMENT

1. Entity Name TADROS CLINIC, PA



Principal Place of Business 5917 S CONGRESS AVE LAKE WORTH FL 33462

Mailing Address

2313 SW CRANBROOK DRIVE **BOYNTON BEACH FL 33436**

2. Principal Place of Business 3415 Wool Bright Road

FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90102 050 ***158.75



Suite, Apt. #, etc.		Suite, Apr. #, etc.		□ CH	CHECK HERE IF MAKING CHANGES			
GamaT		Barnia Be	uch fh	4. FEI Number 6	5-1099824		pplied For ot Applicable	
33.43	33.436 - Country 33436 Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required				
· va acceptablishing	6. Name and Address of Current R	egistered Agent		7Name and Addre	ss of New Registered A	gent		
_ 2313 SW	, wagdy B MD / Cranbrook Drive In Beach FL 33436	Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
,	*		City		FL	Zip Code	э	
	named entity submits this statement for ions of registered agent. Signature, typed of printed frame of agistered agent an	Wo-	gistered office or regis		e State of Florida. I am fa	amiliar with,	and accept	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florid# Department of the second s			Trust Fund	Campaign Financing	Added	0 May Be I to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANG	GES TO OFFICERS AND	DIRECTORS	3 IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	TADROS, WAGDY B MD 2313 SW CRANBROOK DRIVE BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TADROS, SONIA M MD 2313 SW CRANBROOK DRIVE BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ander an inches from the property supplies the second of t	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Samuel Lands of Comments	Acceptable to the second	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	
12. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is tr	nis filing does not qualify for th ue and accurate and that my	e exemption stated in signature shall have th	Section 119.07(3)(i), Florid e same legal effect as if m	da Statutes. I further certinade under oath; that I ar	fy that the in	formation or director	

Date

Daytime Phone #