2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000048013

Entity Name: CENTRAL FLORIDA INPATIENT MEDICINE, P.A.

FILED Apr 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Fillicipal Flace	New Principal Place of Business:		
315 N. LAKEMONT AVE. STE. B WINTER PARK, FL 32792		315 N. LAKEMONT A STE B			
			WINTER PARK, FL 3	32/92	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NKEMONT AVE PARK, FL 327				
FEI Numbe	er: 59-3718647	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
369 N. NE	R, J. LINDSAY EW YORK AVE PARK, FL 327	., 3RD FL			
in the Sta	te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both	
	te of Florida. JRE:				
in the Sta	te of Florida. JRE: Electro	nic Signature of Registered Ag	ent	ed office or registered agent, or both Date	
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISHAN NAGDA D 04/06/2002