

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000048013

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

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

Current Principal Place of Business:

315 N. LAKEMONT AVE. STE. B
WINTER PARK, FL 32792

New Principal Place of Business:

315 N. LAKEMONT AVE
STE B
WINTER PARK, FL 32792

Current Mailing Address:

315 N. LAKEMONT AVE. STE. B
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3718647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUILDER, J. LINDSAY JR, ESQ.
369 N. NEW YORK AVE., 3RD FL
WINTER PARK, FL 32790 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAGDA, KRISHAN
Address: 3406 BISHOP PARK DR., #429
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: VELARDI, ANTONIO R
Address: 7909 HORSE FERRY RD.
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: COSKUNCAN, NEZIH M
Address: 1013 SPRING MILL DR.
City-St-Zip: WINTER PARK, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date