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Secretary of State
04-28-2003 91364 023 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048013

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

Principal Place of Business	Mailing Address
1950 Lee Rd, Ste 105 Winter Park, FL 32789	1950 Lee Rd, Ste 105 Winter Park, FL 32789

2. Principal Place of Business	3. Mailing Address
1950 Lee Rd,	1950 Lee Rd
Suite, Apt. #, etc: Ste 105	Suite, Apt. #, etc: Ste 105
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: Orange	Zip: 32789 Country: Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI number 59-3718647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUILDER, J. LINDSAY JR,ESQ.
300 N. NEW YORK AVE., 3RD FL
WINTER PARK, FL 32790

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D ☐ Delete	NAME: NAGDA, KRISHAN STREET ADDRESS: 3406 BISHOP PARK DR., #429 CITY-ST-ZIP: WINTER PARK, FL 32792	☐ Change ☐ Addition
TITLE: D ☐ Delete	NAME: VELARDI, ANTONIO R STREET ADDRESS: 7909 HORSE FERRY RD. CITY-ST-ZIP: ORLANDO, FL 32835	☐ Change ☐ Addition
☐ Delete		☐ Change ☐ Addition
☐ Delete		☐ Change ☐ Addition
☐ Delete		☐ Change ☐ Addition
☐ Delete		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)