

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 021 ***150.00

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DOCUMENT # P02000006334

1. Entity Name
QUEHUONG PHAM, M.D., P.A.



Principal Place of Business
**730 SE 5TH TERR.
CRYSTAL RIVER FL 34429**

Mailing Address
**730 SE 5TH TERR.
CRYSTAL RIVER FL 34429**

2. Principal Place of Business
936 N Suncoast Blvd

3. Mailing Address
936 N Suncoast Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Crystal River, FL

City & State
Crystal River, FL

4. FEI Number
26-0013202

Applied For
Not Applicable

Zip
34429

Country
USA

Zip
34429

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHAM, QUEHUONG
730 SE 5TH TERR.
CRYSTAL RIVER FL 34429**

Name

Street Address (P.O. Box Number is Not Acceptable)
936 N Suncoast Blvd

City
Crystal River

FL

Zip Code
34429

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 reinstalling)

DATE

4-2-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☒ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
**Pham, Quehuong
P, D
936 N Suncoast Blvd
Crystal River, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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: **QUEHUONG PHAM** 4-2-03 (352) 564-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)