

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0599412 AV

DOCUMENT # P02000118123

1. Entity Name
CFI MEDICAL SERVICES, INC.



04-07-2003 91013 003 ***150.00

Principal Place of Business
**2918 17TH STREET
ST. CLOUD FL 34769**

Mailing Address
**2918 17TH STREET
ST. CLOUD FL 34769**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*** 01-0750278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MEAD, ROBERT W JR.
800 NORTH MAGNOLIA AVENUE
SUITE 1201
ORLANDO FL 32803**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	* President	<input type="checkbox"/> Delete
NAME	Muhammad A. Khan	
STREET ADDRESS	2918 17th St.	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	* Treasurer	<input type="checkbox"/> Delete
NAME	DONNA M. KHAN	
STREET ADDRESS	2918 17th St.	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	Phyllis Weaver	<input type="checkbox"/> Delete
NAME	ADMINISTRATOR	
STREET ADDRESS	2918 17th St	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE: DONNA M. KHAN (Donna m. Khan) 4/1/03 (407) 891-8044

Date

Daytime Phone #

CR2E034 (10/02)