FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90084 008 ***150.00

DOCUMENT # P03000065666

1. Entity Name: Hamid R. Feiz, M.D. P.A.
~~Spring Hill Medical Group~~ mj

DO NOT WRITE IN THIS SPACE

40083293

2. Principal Place of Business	3. Mailing Address	
3750 NW 83rd Street	3750 NW 83rd Street	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Gainesville FL	City & State: Gainesville FL	4. FEI Number: 41209 9148 ☐ Applied For ☐ Not Applicable
Zip: 32606 Country: USA	Zip: 32606 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hamid R. Feiz

Street Address (P.O. Box Number is Not Acceptable): 3750 NW 83rd Street

City: Gainesville FL Zip Code: 32606

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: Feiz M.D. 5/3/2005
Name and typed or printed name of registered agent and title if applicable. Registered Agent's signature required when changing agent. DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP		TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 5/3/2005 (352)336-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)