

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079701

FILED  
Feb 22, 2010  
Secretary of State

**Entity Name:** U.S.B.D HOSPITALISTS & CONSULTANTS INC.

**Current Principal Place of Business:**

14015 DANPARK LOOP  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

14015 DANPARK LOOP  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

FARUQUE, KAZI Z DPS  
14015 DANPARK LOOP  
FORT MYERS, FL 33912 US

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: KAZI FARUQUE

02/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: FARUQUE, KAZI Z.M.  
Address: 14015 DANPARK LOOP  
City-St-Zip: FORT MYERS, FL 33912

Title: DVP  
Name: FARUQUE, SHAHEEN  
Address: 14015 DANPARK LOOP  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: KAZI FARUQUE

DPS

02/22/2010

Electronic Signature of Signing Officer or Director

Date