## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P92000014758



**FILED** Apr 18, 2003 8:00 am secretary of State

1. Entity Nam NAHED S		Y, M.D., P.A.							04-18-2003 9	90206 01	9 ***150	0.00	
Principal Place of Business 900 NW 141 AVE 305 PEMBROKE PINES FL 33028 US			Mailing Address 900 NW 141 AVE 305 PEMBROKE PINES FL 33028 US										
2. Principal Place of Business			3. Mailing Address						i izatingal ila talka ilakt antti zatit			( 8) (9) (38)	
305 East Duval St			305 East Duval St										
Suite, Apt. #, etc.			Suite, Apt. #, etc.						CHECK HERE IF	MAKING (	CHANGES		
Suite # 1 City & State			Suite # 1 City & State						Number FO 040047F	Applied For		7	
Lake	ko City Florida			Lake City , Flo				4. FE	59-3169175		No	Applicable	
32055	Country Columbia			Zip Coun 32055 Col			5. Certificate of Status Desired See Require						
Name and Address of Current Registered Agent								7 <u>.∠</u> Na	me and Address of New Re	gistered A	gent	<del></del>	վ~
SOBHY, NAHED M P.A. 900 NW 141 AVE #305						Name Sobhy, Nahed, M.D.', P.A. Street Address (P.O. Box Number is Not Acceptable) 305 East Duval St,							
*	KE PINES F					te #		Javar St J				1	
•						City	Lake (	Cit	.y	FL	Zip Code 3 2 0 5 5	)	
			the purpos	se of changing its	register				nt, or both, in the State of Flori	da. I am fa	miliar with, a	and accept	1
· ·	tions of regis ساند	stered agent. Val SSIMD : (	> _	Nahed S	26 kg	.н.O. <b>、</b>	D		, <i>ų</i>	-15-	٥3		
SIGNATURE .		d or printed name of registered agent a				d Agent signatu		nen reins		DATE			
									•				4
Afte	ILE NOW!	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State		شبدؤي	فضفت		zi	9. Election Campaign Fina Trust Fund Contribution.			<b>0</b> May Be to Fees	
Afte	ILE NOW!	03 Fee will be \$550.00			شــــخــ	هن المستورد		ADD			Added	to Fees	
After Make Check	PSTD SOBHY, N	03 Fee will be \$550.00 o Florida Department of OFFICERS AND I NAHED S 141 AVE #305			11. TITLE NAM		PSTD Sobh 305	ny, Ea	Trust Fund Contribution.  ITIONS/CHANGES TO OFFIC  Nahed S st Duval St S	CERS AND C	Added  DIRECTORS  Change	to Fees	2034 (40,00)
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SOBHY, N	03 Fee will be \$550.00 o Florida Department of OFFICERS AND I		S Delete	11. TITLE NAM STRE	E E ET ADDRESS - ST-ZIP	PSTD Sobh 305	ny, Ea	Trust Fund Contribution.  ITIONS/CHANGES TO OFFIC  Nahed S	CERS AND C	Ädded DIRECTORS Change # 1	to Fees IN 11 Addition	000004 (40/00)
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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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

WRENAHEDD Sobby, M.D. D.

Daytime Phone #