

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90206 019 ***150.00

DOCUMENT # P92000014758

1. Entity Name
NAHED S. SOBHY, M.D., P.A.



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
305 East Duval St

3. Mailing Address
305 East Duval St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 1

Suite # 1

City & State
Lake City, Florida

City & State
Lake City, Florida

Zip Country
32055 Columbia

Zip Country
32055 Columbia

4. FEI Number **59-3169175**

Applied For

Not Applicable

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

**SOBHY, NAHED M.P.A.
900 NW 141 AVE #305
PEMBROKE PINES FL 33028**

Name
Sobhy, Nahed, M.D., P.A.
Street Address (P.O. Box Number is Not Acceptable)
**305 East Duval St,
Suite # 1
City Lake City FL Zip Code 32055**

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 **Nahed S. Sobhy M.D., P.A.** **4-15-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **SOBHY, NAHED S**
STREET ADDRESS **900 NW 141 AVE #305**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PSTD** ☐ Change ☐ Addition
NAME **Sobhy, Nahed S**
STREET ADDRESS **305 East Duval St Suite # 1**
CITY-ST-ZIP **Lake City, FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **NAHED S. SOBHY, M.D., P.A.** **4-15-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)