

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90025 019 ***150.00

DOCUMENT # P93000000745

i. Entity Name
FUAD H. SHAHIN, M.D., P.A.

Principal Place of Business W OAK ST FL 32741	Mailing Address 801 W OAK ST S-205 KISSIMMEE FL 34741-6609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 W. oak St. Suite, Apt. #, etc. S-103 City & State Kissimmee, FL Zip 32741 Country USA	3. Mailing Address 801 W. oak St. Suite, Apt. #, etc. S-103 City & State Kissimmee FL Zip 32741 Country USA
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4. FEI Number 59-3156574	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JANARIOUS, FRANCIS B
801 W OAK ST
SUITE 101
KISSIMMEE FL 32741

7. Name and Address of New Registered Agent
 Name **Fuad H. Shahin**
 Street Address (P.O. Box Number is Not Acceptable)
801 W. oak St.
Suite 103
 City **Kissimmee** **FL** Zip Code **32741**

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.

SIGNATURE *Fuad Shahin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Elec. Campaign Financing **\$5.00 May Be Added to Fees**
 Trust

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANARIOUS, FRANCIS B 802 W OAK ST., S-101 KISSIMMEE FL 32741 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. SHAHIN, FUAD H. 801 W. OAK ST., S-103 Kissimmee, FL 32741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fuad Shahin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date Daytime Phone #

CR2E034 (9/99)