2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P93000036755

Entity Name: FLORIDA PHYSICIANS CONSULTANTS, INC.

Current Principal Place of Business:

GULF COAST SURGERY CENTER
12132 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

GULF COAST SURGERY CENTER
12132 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 59-3183185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLIMAN, MAUREEN
12132 CORTEZ BLVD.
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

SOLIMAN, FAWZI
12132 CORTEZ BLVD.
BROOKSVILLE, FL 34613 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: FAWZI SOLIMAN 04/30/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SOLIMAN, FAWZI
Address: GULF COAST SURGERY CENTER-12132 CORTEZ
City-St-Zip: BROOKSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FAWZI SOLIMAN OWNE 04/30/2003
Electronic Signature of Signing Officer or Director Date