2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
08-29-2001 90012 004 ***550.00

DOCUMENT # P95000000762

1. Entity Name
INSTITUTE OF MEDICINE AND CARDIOLOGY, P.A.

Principal Place of Business	Mailing Address
115 N.E. 3RD ST. SUITE A OKEECHOBEE FL 34972	115 N.E. 3RD ST. SUITE A OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
170 S. BARFIELD HWY.		1882 CAPESIDE CIRCLE	
Suite, Apt. #, etc.: SUITE 103		Suite, Apt. #, etc.:	
City & State: PAHOKEE, FL		City & State: WELLINGTON, FL	
Zip: 33476	Country: USA	Zip: 33414	Country: USA

4. FEI Number 65-0555081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name: MICHAEL MCDONOUGH, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 12798 FOREST HILL BOULEVARD
SUITE 201A
City: WELLINGTON, **FL** Zip Code: 33414

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 [signature] AUGUST 22, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, WILLIAM DR. 115 N.E. 3RD ST. SUITE A OKEECHOBEE FL 34972	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S BELAYET HOSSAIN 1882 CAPESIDE CIRCLE WELLINGTON, FL 33414	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED [signature] 8/22/2001 561-924-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)