

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90134 003 ***150.00

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 AV

DOCUMENT # P95000000762

1. Entity Name

INSTITUTE OF MEDICINE AND CARDIOLOGY, P.A.

Principal Place of Business

**170 S BARFIELD HWY
 SUITE 103
 PAHOKEE FL 33476**

Mailing Address

**1882 CAPESE CIRCLE
 WELLINGTON FL 33414**

2. Principal Place of Business

170 S. BARFIELD HWY

3. Mailing Address

11836 OSPREY POINTE CIR

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

City & State

PAHOKEE, FL

City & State

LAKE WORTH, Florida

4. FEI Number

65-0555081

Applied For

Not Applicable

Zip

33476

Country

Zip

33467

Country

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

**MCDONOUGH, MICHAEL ESQ
 12798 FOREST HILL BOULEVARD
 SUITE 201A
 WELLINGTON FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	DPS HOSSAIN, BELAYET 1882 CAPESE CIRCLE WELLINGTON FL 33414	<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
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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:

Belayet Hossain, MD 4/18/02 561-753-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)