2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P95000000762

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

Current Principal Place of Business:

170 S BARFIELD HWY
SUITE 107
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

11836 OSPREY POINTE CIR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0555081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: HOSSAIN, BELAYET
Address: 1882 CAPESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: HOSSAIN, BELAYET
Address: 11836 OSPREY POINTE CIR
City-St-Zip: WELLINGTON, FL 33467

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: BELAYET HOSSAIN DPS 04/29/2003

Electronic Signature of Signing Officer or Director — Date