

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90020 044 ***150.00

DOCUMENT # P95000006452

1. Entity Name
ABDELNASSER G. ELMANSOURY, M.D., P.A.

Principal Place of Business
14540 CORTEX BLVD., SUITE 122
BROOKSVILLE FL 34613

Mailing Address
14540 CORTEX BLVD., SUITE 122
BROOKSVILLE FL 34613

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12900 Cortez Blvd

3. Mailing Address
12900 Cortez Blvd

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Brooksville FL

City & State
Brooksville FL

4. FEI Number **59-3298032**

Applied For
 Not Applicable

Zip
34613

Country

Zip
34613

Country
USA

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

6. Name and Address of Current Registered Agent

ELMANSOURY, ABDELNASSER G MD
14540 CORTEZ BOULEVARD, SUITE 122
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name

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

12900 Cortez Blvd Suite 204

City

Brooksville

FL

Zip Code

34613

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 *Abdelnasser Elmansoury*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2001

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, 2001 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

TITLE **D** ☐ Delete
 NAME **ELMANSOURY, ABDELNASSER G**
 STREET ADDRESS **14540 CORTEZ BLVD., SUITE 122**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12900 Cortez Blvd Suite 204**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Abdelnasser Elmansoury*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDELNASSER ELMANSOURY 4/25/01 (352) 596-9555

Date

Daytime Phone #

CR2E034 (10/00)