

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000015095**

1. Entity Name  
**TRAUMA PHYSICIAN NETWORK, INC.**

Principal Place of Business  
**201 E SAMPLE ROAD  
NORTH BROWARD MEDICAL CENTER  
POMPANO BEACH FL 33064**

Mailing Address  
**201 E. SAMPLE ROAD  
NORTH BROWARD MEDICAL CENTER  
POMPANO BEACH FL 33064**

2. Principal Place of Business **201 E. SAMPLE ROAD**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Zip** Country **Country** 4. FEI Number **65-0563607**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BURSHAN, KHALIL M.D.  
2001 N.E. 48TH COURT  
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CP<br/>BURSHAN, KHALIL MD<br/>4301N FEDERAL HWY<br/>POMPANO BEACH FL 33064</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>SCHULTZ, RICHARD MD<br/>2001 N.E. 48TH COURT<br/>FT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VMT<br/>JOHNSON, JUDITH MD<br/>983 UNIVERSITY DRIVE<br/>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>MARGOLIS, DAVID<br/>9980 CENTRAL PARK BLVD, SUITE 210<br/>BOCA RATON FL 33428</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VMT 1/9/02 341-9770*

Date

Daytime Phone #

CR2E034 (9/01)