

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90943 006 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
BURSHAN, KHALIL MD
4301N FEDERAL HWY
POMPANO BEACH FL 33064 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHULTZ, RICHARD MD
2001 N.E. 48TH COURT
FT LAUDERDALE FL 33308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VMT
JOHNSON, JUDITH MD
983 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VMTS
Johnson, Judith M.D.
983 University Drive
Coral Springs FL 33071 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MARGOLIS, DAVID
9980 CENTRAL PARK BLVD, SUITE 210
BOCA RATON FL 33428 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Margolis, David
9980 Central Park Blvd. Suite 210
Boca Raton, FL 33428 ☒ 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

12. 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 10 or Block 11 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

1/15/03

Date

95494-9770

Daytime Phone #

CR2E034 (10/02)