2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P95000046842** HUSSAIN RAWJI, M.D., P.A. -23-2001 90056 040 ***150 00 Principal Place of Business Mailing Address 1330 S WOODLAND BLVD 2116 S ORANGE AVE DELAND FL 32720 ORLANDO FL 32806 A0054211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3325384 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAWJI, HUSSAIN Street Address (P.O. Box Number is Not Acceptable) 2116 S ORANGE AVE ORLANDO FL 32806 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 Mav Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Addition RAWJI, HUSSAIN NAME NAME STREET ADDRESS STREET ADDRESS 2116 S ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Chance Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THILE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP 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 eath; 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.

OF SIGNING OFFICER OR DIRECTOR