

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90148 033 \*\*\*550.00

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**DOCUMENT # P95000060362**

1. Entity Name  
**HAMID LATIF, M.D., P.A.**



Principal Place of Business: **BRANDON HOSPITAL  
119 OAKFIELD DRIVE  
BRANDON FL 33511  
US**

Mailing Address: **5008 WESLEY DRIVE  
TAMPA FL 33647  
US**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3328480**

Applied For:  Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**KALISH, WILLIAM  
4100 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name: **HAMID LATIF**

Street Address (P.O. Box Number is Not Acceptable): **5008 WESLEY DRIVE**

City: **TAMPA** FL Zip Code: **33647**

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: *Hamid Latif* DATE: **7/23/03**

Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE	<input type="checkbox"/> Delete
NAME	<b>D LATIF, HAMID M.D.</b>
STREET ADDRESS	<b>5008 WESLEY DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Hamid Latif* DATE: **7/23/03** DAYTIME PHONE #: **813-975-9496**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (4/03)