

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90278 010 ***150.00

DOCUMENT # P95000095475

1. Entity Name

COURTESY HEALTH CARE CORP.

11032341

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 Clark Rd. #3&4

Suite, Apt. #, etc.

3. Mailing Address

150 2nd Avenue North

Suite, Apt. #, etc.

Suite 810

City & State

St. Petersburg, FL

Zip

33710

Country

USA

City & State

Sarasota, FL

Zip

34232

Country

USA

4. FEI Number

59-3348297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

O'Connor, Patrick M. Esquire

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

O'Connor & Associates

2240 Belleair Road, Suite 160

City

Clearwater

FL

Zip Code

33764

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 Patrick M. O'Connor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Desai, Akshay M., M.D.
STREET ADDRESS 150 2nd Ave. No., Ste 810
CITY-ST-ZIP St. Petersburg, FL 33701

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Akshay M. Desai, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #