

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90113 022 ***150.00

DOCUMENT # P96000039032

1. Entity Name
THE LUNG CLINIC, P.A.



Principal Place of Business
**3719 MOLONA DRIVE
ORLANDO FL 32837**

Mailing Address
**3719 MOLONA DRIVE
ORLANDO FL 32837**

2. Principal Place of Business
201 W. Hilda Street

3. Mailing Address
201 W. Hilda Street

Suite, Apt. #, etc.
Suite 24

Suite, Apt. #, etc.
Suite 24

City & State
Kissimmee, FL 34741

City & State
Kissimmee, FL 34741

Zip Country
34741 US

Zip Country
34741 US

4. FEI Number
59-3375139

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAIKAT, MUHAMMAD K M.D.
201 HILDA STREET
SUITE 24
KISSIMMEE FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)
201 West Hilda Street, Suite 24

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4-21-03

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 ☐ Delete
NAME **D**
STREET ADDRESS **SHAIKAT, MUHAMMAD K M.D.**
CITY-ST-ZIP **3719 MOLONA DRIVE
ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10807 Emerald Chase Drive**
CITY-ST-ZIP **Orlando, FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)