

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037707

1. Entity Name
FLORIDA COASTAL CARDIOLOGY, P.A.

Principal Place of Business

74 16TH STREET
APALACHICOLA FL 32320
US

Mailing Address

74 16TH STREET
APALACHICOLA FL 32320
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE. STE. 200
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name Dr. Shezad Samaulah

Street Address (P.O. Box Number is Not Acceptable) 74 Sixteenth Street

City Apalachicola

FL 32320

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D ☐ Delete
NAME SANAULLAH, SHEZAD
STREET ADDRESS 74 16TH STREET
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32320

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 500005396145-9
-05/01/02--01009--006
****350.00 ****350.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/01 (850) 653-4134

02-19-2002 9:01:01 PM ***550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

738433



REINSTATEMENT DO NOT WRITE IN THIS SPACE

1-02

CR2E034 (10/00)