2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000038501



FILED Feb 28, 2003 8:00 am Secretary of State

MAHA F. A	NSARA, M.D., P.A.		;		02-28-2003 90158 014 ***150.00			
LAKE MARY FL : US	ARY BLVD SUITE #325 32746	Mailing Address 4106 W. LAKE MARY BLVD SUITE #325 LAKE MARY FL 32746 US			- 	1105 1210 DUNI GALAK HAK 1006		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State .			4. FEI Number 59-3511028	Applied For Not Applicable		
Zip	Country	Zip	Count	ry 	5. Certificate of Status Desired	8.75 Additional		
	6. Name and Address of Curre	nt Registered Agent	I		7. Name and Address of New Registered A			
ANICADA 144	UL E ND			Name				
ANSARA, MAHA F M.D. 4106 W. LAKE MARY BLVD., SUITE #325 LAKE MARY FL 32746				Street Address (P.O. Box Number is Not Acceptable)				
	·			City	FL	Zip Code		
8. The above nar the obligations	med entity submits this statement s of registered agent.	for the purpose of changing its	registered	d office or registere	ed agent, or both, in the State of Florida. I am fa	miliar with, and accept		
SIGNATURE	ature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating) DATE			
After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$550.0 byable to Florida Department		<u> </u>	,	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11		

				TESTICAL STRUCTURE TO STRUCTURE AND	DILICIONS	וואווי ן
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSARA, MAHA 4106 LAKE MARY BLVD, STE 325 LAKE MARY FL 32756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	مناسب المداد ومرود برايان والمناسب المراسب الراسيدي بالمناسب الموجد	Change	Addition
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TITLE		Delete	TITLE	-		

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition