

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059112

1. Entity Name

WEST COAST MEDICAL CRYSTAL RIVER, P.A.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90335 036 ***150.00

Principal Place of Business

Mailing Address

8030 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

8030 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429-7928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0847139

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIAN, IMRAN
8030 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

Name

MALICK, NADEEM

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

8030 W Gulf to Lake Hwy

City

CRYSTAL River

FL

Zip Code

34429

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 Nadeem Malick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MIAN, IMRAN
CITY-ST-ZIP 8300 WEST GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

TITLE ☒ Change ☐ Addition
NAME MALICK, NADEEM
STREET ADDRESS 8030 W Gulf to Lake Hwy
CITY-ST-ZIP CRYSTAL River, FL 34429 Director

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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TITLE ☐ Delete
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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:

Nadeem Malick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

(352) 546-8812

Daytime Phone #

CR2E034 (9/99)