

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90097 041 \*\*\*150.00

0300000 AV

**DOCUMENT # P98000059112**

1. Entity Name

**WEST COAST MEDICAL CRYSTAL RIVER, P.A.**

Principal Place of Business

**8030 W GULF TO LAKE HWY  
CRYSTAL RIVER FL 34429**

Mailing Address

**8030 W GULF TO LAKE HWY  
CRYSTAL RIVER FL 34429**

2. Principal Place of Business

**13351 TRACY STREET**

Suite, Apt. #, etc.

3. Mailing Address

**13351 TRACY STREET**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SPRING HILL, FL**

Zip  
**34609**

Country

City & State  
**SPRING HILL, FL**

Zip  
**34609**

Country

4. FEI Number  
**65-0847139**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MALICK, NADEEM  
8030 W GULF TO LAKE HWY  
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name  
**SYED HASAN**

Street Address (P.O. Box Number is Not Acceptable)  
**13351 TRACY STREET**

City **SPRING HILL**

**FL**

Zip Code  
**34609**

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 **SYED HASAN PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**03-14-2002**

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D MALICK, NADEEM  
8300 WEST GULF TO LAKE HWY  
CRYSTAL RIVER FL 34429** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST SYED HASAN  
13351 TRACY STREET  
SPRING HILL, FL 34609** ☒ Change ☐ Addition

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

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

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

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

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

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: **SYED HASAN PRESIDENT** **03-14-2002** **(352)597-7137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)