

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000068396		
1. Entity Name VICAR QURESHI, M.D., P.A.		
Principal Place of Business 4109 NORTH ARMENIA AVENUE TAMPA, FL 33607		Mailing Address 4109 NORTH ARMENIA AVENUE TAMPA, FL 33607
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 59-3525862		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent QURESHI, VICAR M.D. 4109 NORTH ARMENIA AVENUE TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u><i>Vicari Qureshi</i></u> DATE: <u>3/17/03</u> (NOTE: Registered Agent's signature required when registering.)		
FILE NOW!!! FEE IS \$150.00 After May 15, 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 NAME STREET ADDRESS CITY-ST-ZIP	D QURESHI, VICAR M.D. 4109 NORTH ARMENIA AVENUE TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: <u><i>Vicari Qureshi</i></u> DATE: <u>3/17/03</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)