

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083005

1. Entity Name

COMPREHENSIVE MEDICAL EDUCATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90051 039 ***150.00

Principal Place of Business 4611 S. UNIVERSITY DR., STE. 144 DAVIE FL 33328	Mailing Address 4611 S. UNIVERSITY DR., STE. 144 DAVIE FL 33328-3817
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANLEY, DAVID F ESQ 200 E. LAS OLAS BLVD., STE. 1800 FT. LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name: SULTAN AHMED M.D. Street Address (P.O. Box Number is Not Acceptable): 4611 S. UNIVERSITY DR. SUITE 144 City: DAVIE FL Zip Code: 33328
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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: Sultan S. Ahmed SULTAN AHMED M.D. 4/26/2000
(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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	D FOX, CARMEN B 4611 S. UNIVERSITY DR., STE. 144 DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, SULTAN S DR 4611 S. UNIVERSITY DR., STE. 144 DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sultan S. Ahmed SULTAN AHMED M.D. 4/26/2000 954-465-3236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #