2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State
08-15-2000 90018 041 ***150.00

DOCUMENT # P99000037077

1. Entity Name
SHIRIN H. THOBHANI M.D., P.A.

Principal Place of Business	Mailing Address
1931 NORTHWEST 35TH TERRACE COCONUT CREEK FL 33068	1931 NORTHWEST 35TH TERRACE COCONUT CREEK FL 33068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
as mentioned above	as mentioned above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: Tax 65-0914387 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: Shirin H. Thobhani
Street Address (P.O. Box Number is Not Acceptable): 1931 NW 35th Terrace
Tax ID — 65-0914387
City: Coconut Creek FL Zip Code: 33068

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: [signature] 7-15-00
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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: PSTD NAME: THOBHANI, SHIRIN H STREET ADDRESS: 1931 NORTHWEST 35TH TERRACE CITY-ST-ZIP: COCONUT CREEK FL 33068 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: None ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #P99000032077

[redacted]

Shirin Thobhani 309474
1931 NW 35th Terrace
Coconut Creek FL 33066

To,

2000
Uniform Business
Report

Dear Sir/madam

I received the form last week with second notice.

Sir, I was surprised to see the second notice as I never received first one.

I would appreciate if you could look into it as soon as possible and send me if necessary.

Thanking you

Sincerely yours

7-15-00