

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90175 008 ***550.00

0033841 AV

DOCUMENT # P99000037077

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



Principal Place of Business
**1931 NORTHWEST 35TH TERRACE
COCONUT CREEK FL 33066**

Mailing Address
**1931 NORTHWEST 35TH TERRACE
COCONUT CREEK FL 33066**

2. Principal Place of Business
1931 NW 35th Terrace

3. Mailing Address
1931 NW 35th Terr

Suite, Apt. #, etc.

City & State
Coconut Creek FL

City & State
Coconut Creek FL

Zip
33066

Country
US

4. FEI Number **65-0914387**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**THOBIN, SHIRIN M H
1931 NW 31TH TERRACE
COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name **THOBHANI SHIRIN H**

Street Address (P.O. Box Number is Not Acceptable)
1931 NW 35th Terrace

City **Coconut Creek** **FL** Zip Code **33066**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PSTD THOBHANI, SHIRIN H 1931 NORTHWEST 35TH TERRACE COCONUT CREEK FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOBHANI, SHIRIN H 1931 NW 35th Terrace COCONUT CREEK FL 33066	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P-4-03

Date

Daytime Phone #

CF2E034 (4/03)