FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 21, 2002 8:00 am § Secretary of State P99000082269 DOCUMENT # 1. Entity Name 04-21-2002 90857 034 \*\*\*150 ATLANTIC EAR, NOSE & THROAT, P.A. Principal Place of Business Mailing Address 2705 REBECCA LANE P.O. BOX 953577 SUITE A LAKE MARY FL 32795-3577 **ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3599451 Not Applicable Zip Country Zip Country \$8.75\_Additional 5.= Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shah Devang **B&C CORPORATE SERVICES OF CENTRAL FLA. INC** Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. ORLANDO FL 32801-1640 Zip Code 32763 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 4/11/02 it and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHAH, DEVANG M.D. NAME NAME 2705 REBECCA LANE SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE CITY FL 32763** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR