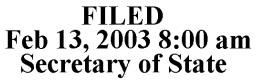
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 30 1. Entity Name CHURCH STREET MEDICAL C	02	
Principal Place of Business C/O 38135 MARKET SQUARE ZEPHRYHILLS FL 33540	Mailing Address C/O 38135 MARKET SQUARE ZEPHRYHILLS FL 33540	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ CH

City & State

Zip



2-13-2003 90227 044 ***150.00



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent Name			
6. Name and Address of Current registered register				
GASSMAN, ALAN S. 1245 COURT STREET	Street Address (P.O. Box Number is Not Acceptable)			
STE 102 CLEARWATER FL 34616	City FL Zip Code			
The above named entity submits this statement for the purpose of changing its registe	ered office or registered agent, or both, in the State of Florida. I am familiar with, an			

Country

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

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

Country

City & State

Zip

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

After	May 1, 2003 Fee will be \$550.00			Irust Fund Co	intribution.	□ Auded	10 1 663	
Make Check	Payable to Florida Department of State			ADDITIONS/CHANGES	TO OFFICE DO /	ND DIRECTOR	2 IN 11	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES	. 10 OFFICERS A		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAIYA, CHANDRESH S. C/O 38135 MARKET SQUARE ZEPHRYHILLS FL 33540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d in Section 119 07/3Vi) Florida	Statutes, I furthe	☐ Change	Addition Addition	
12. Thereby 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:

11/4/03

Daytime Phone #