

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90412 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00980

1. Entity Name
M. ATFEH, M.D., P.A.

Principal Place of Business
11373 CORTEZ BLVD.
SUITE 307
BROOKSVILLE, FL 34613

Mailing Address
7215 HAWATHA PARKWAY
BROOKSVILLE, FL 34606

2. Principal Place of Business
3. Mailing Address

State, Apt. #, etc. City & State

4. FEI Number **59-3096688** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**RAYMOND P. VIRGLIO, CPA, PA
7379 COMMERCIAL WAY
BROOKSVILLE, FL 34613**

7. Name and Address of New Registered Agent

8. 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	<input type="checkbox"/> Delete ATFEH, MOWAFFAK MD 11373 CORTEZ BLVD., #307 BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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 exemptions.

SIGNATURE: x *[Signature]* **4/28/03**

SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)