

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90163 036 ***150.00

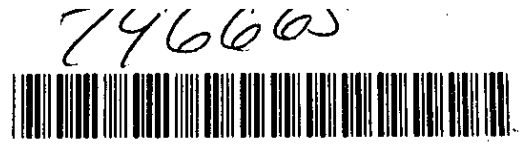
DOCUMENT # V34304

1. Entity Name
FLORIDA PULMONARY CONSULTANTS, P.A.

Principal Place of Business Mailing Address

**400 WEST MORSE BLVD.
 STE 101
 WINTER PARK FL 32789
 US**

**400 WEST MORSE BLVD.
 STE 101
 WINTER PARK FL 32789
 US**



2. Principal Place of Business 3. Mailing Address

Suite/Apt. #, etc. Suite/Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3112245** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FAKIH, FAISAL A.
 400 WEST MORSE BLVD.
 SUITE 101
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	FAKIH, FAISAL A.	
STREET ADDRESS	400 W MORSE BLVD 101	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEVENSON, DENNIS R.	
STREET ADDRESS	400 W MORSE BLVD 101	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTONIO L	
STREET ADDRESS	400 W MORSE BLVD 101	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 _____ DATE **4/29/02** DAYTIME PHONE # **407-740-5447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)