

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34304

1. Entity Name

Florida Pulmonary Consultants, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 W. Morse Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

400 West Morse Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Winter Park, FL

Zip

32789

Country

USA

DO NOT WRITE IN THIS SPACE

09-17-02 90087 028 \$61.25

4. FEI Number

59-3112245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fakih, Faisal A.

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

400 W. Morse Blvd, Suite 101

City

Winter Park, FL

FL

Zip Code

32785

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

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

(NOTE: Registered Agent signature required when replacing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Fakih, Faisal A.
STREET ADDRESS	400 W. Morse Blvd Suite 101
CITY - ST - ZIP	Winter Park, FL 32785
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 return, as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faisal A. Fakih, President-Director

9-9-02

407 740 5447

DATE

Daytime Phone #