

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90183 025 ***150.00

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DOCUMENT # V34304

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



Principal Place of Business
**400 WEST MORSE BLVD.
STE 101
WINTER PARK FL 32789
US**

Mailing Address
**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

4. FEI Number **59-3112245**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. 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 | P <input type="checkbox"/> Delete |
| NAME | FAHIK, FAISAL A |
| STREET ADDRESS | 400 W. MORSE BLVD., STE. 101 |
| CITY-ST-ZIP | WINTER PARK FL 32789 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 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: **FAISAL FAHIK, M.D.** **4/14/03** **407 7405447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)