

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G56861

1. Entity Name

CAANGAY & SULTAN NEONATOLOGY ASSOCIATES, P.A.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90034 022 ***150.00

Principal Place of Business

% DEOGRACIAS L. CAANGAY, M.D.
9981 HEALTHPARK CR #281
FORT MYERS FL 33908

Mailing Address

% DEOGRACIAS L. CAANGAY, M.D.
9981 HEALTHPARK CR #281
FORT MYERS FL 33908

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 59-2316715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAANGAY, DEOGRACIAS L., M.D.
9981 HEALTHPARK CR #281
FT. MYERS FL 33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAANGAY, DEOGRACIAS L.	
STREET ADDRESS	3970 HIDDEN ACRES CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SULTAN, SHAHID	
STREET ADDRESS	58 TIMBERLAND CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIU, WILLIAM F	
STREET ADDRESS	9009 LIGON COURT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAISAL, MOHAMED M	
STREET ADDRESS	4400 WILDER RD	
CITY-ST-ZIP	NAPLES FL 34105	
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"/> 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		
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:

Deoquias L. Caangay, M.D., President 1/18/01

Date

941-432-3645

Daytime Phone #

CR2E034 (10/00)