

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90144 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F83757

1. Entity Name
SUNCOAST G.I. ASSOCIATES, P.A.

Principal Place of Business 250 2ND STREET E. SUITE 3E BRADENTON FL 34208-1042	Mailing Address 250 2ND STREET E. SUITE 3E BRADENTON FL 34208-1042
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2190460	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REDDY, KAKUTURU L. 250 2ND STREET EAST SUITE 3E BRADENTON FL 34208	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDY, KAKUTURU L 250 2ND STREET EAST SUITE 3E BRADENTON, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition correct zip code 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAWSON, MARK S. 250 2ND ST E STE 3E BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAZZARY, MARIE 250 2ND ST E STE 3E BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition add zip code 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHASHIDHARA, MALERY 250 2ND STREET E. BRADENTON FL 34208-1042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition add suite 3E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Malery Shashidhara MD 1/5/01 941-748-2417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)