2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90399 020 ***150.00

0267220

DOCUMENT # G72737

1. Entity Name
JOSHI & VIRALAM, M.D.S, P.A.

Principal Place of Business	Mailing Address
1300 N FLAGLER DR SUITE 229 WEST PALM BEACH FL 33401 US	1301 CONCARD TERR SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1301 CONCORD TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SUNRISE, FL
Zip / Country	Zip: 33323 / Country

4. FEI Number 59-2161564 ☐ 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
JORDAN, BRUCE A 1301 CONCORD TERR SUNRISE FL 33323	Name: Warren, Charlene Street Address (P.O. Box Number is Not Acceptable): 1301 Concord Terr City: Sunrise FL Zip Code: 33323

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: Charlene Warren 3/12/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WAGNER, KARL 1301 CONCORD TERR SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JORDAN, BRUCE 1301 CONCORD TERR SUNRISE FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Gillon, Brian T. 1301 Concord Terr Sunrise, FL 33323 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDEL, ROGER 1301 CONCORD TERR SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] Karl Wagner 3/14/01 954-384-0175 x5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #