

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90063 022 ***150.00

DOCUMENT # H69716

1. Entity Name
H.V. IYER, M.D., P.A.

Principal Place of Business GOLDEN EAGLE PLAZA P O BOX 3089 HOMOSASSA SPRINGS FL 34447 US	Mailing Address GOLDEN EAGLE PLAZA P O BOX 3089 HOMOSASSA SPRINGS FL 34447 US
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2. Principal Place of Business 3475 S Suncoast Blvd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3089 Suite, Apt #, etc.
City & State Homosassa, fl	City & State Homosassa, FL
Zip 34448 Country	Zip 34447 Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**IYER, H. V.
 GOLDEN EAGLE PLAZA
 HOMOSASSA SPRINGS FL 34447**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3475 S SUNCOAST BLVD.
City HOMOSASSA FL Zip Code 34447

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 *H.V. Iyer* **H.V. Iyer** **4.23.01**
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	DP IYER, H.V. 80 GREENTREE STREET HOMOSASSA SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4505 N Pine Valley Loop Lecanto, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *H.V. Iyer* **H.V. IYER** **4.23.01** **352-628-7672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)