

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-16-2003 90190 025 ***150.00

DOCUMENT #

P01000016939

1. Entity Name

RENUKA SWAMINATHAN MD PA



DO NOT WRITE IN THIS SPACE

90089324

2. Principal Place of Business

150 SE 17 STREET

3. Mailing Address

150 SE 17 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#504

#504

City & State

City & State

OCALA FL

OCALA FL

Zip

Country

Zip

Country

34471

34471

4. FEI Number

65-1077431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RENUKA SWAMINATHAN

Street Address (P.O. Box Number is Not Acceptable)

150 SE 17 STREET #504

City

OCALA

FL

Zip Code

34471

**DO NOT WRITE
IN THIS SPACE**

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: *Renuka am*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PS
NAME SWAMINATHAN, RENUKA
STREET ADDRESS 150 SE 17 STREET #504
CITY-ST-ZIP Ocala FL 34471

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Renuka am*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E034B (12/02)