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**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90052 036 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000062279
1. Entity Name <b>DR. NEERAJA JASTHI, P.A.</b>

Principal Place of Business <b>18043 HIGHWOODS PRESERVE PARKWAY TAMPA FL</b>	Mailing Address <b>18043 HIGHWOODS PRESERVE PARKWAY TAMPA FL</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-3738773</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARQUARDT, J. MATTHEW ESQ MACFARLANE FERGUSON &amp; MCMULLEN 625 COURT STREET SUITE 200 CLEARWATER FL 33756</b>	7. Name and Address of New Registered Agent Name <del>NEERAJA JASTHI</del> Street Address (P.O. Box Number is Not Acceptable) <b>18312 BANKSTON PLACE</b> City <b>TAMPA</b> FL Zip Code <b>33647</b>
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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 Neeraja Jasthi DATE 03/25/2002

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSTD JASTHI, NEERAJA 18043 HIGHWOODS PRESERVE PARKWAY TAMPA FL</b> <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
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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: Neeraja Jasthi **NEERAJA JASTHI (PRESIDENT)** DATE 03/25/2002 DAYTIME PHONE # 813-866-9913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2004 (9/01)