

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

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90117 017 ***150.00

DOCUMENT # P95000005827

1. Entity Name

PRAVINCHANDRA ZALA, MD PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 VONDERBURG DRIVE

3. Mailing Address

500 VONDERBURG DRIVE

Suite, Apt. #, etc.

SUITE 314 W

Suite, Apt. #, etc.

SUITE 314 W

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3302562

Applied For

Not Applicable

Zip

33511

Country

HILLSBOROUGH

Zip

33511

Country

HILLSBOROUGH

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZALA, P.C. MD

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

500 VONDERBURG DRIVE

SUITE 314 W

City

BRANDON

FL

Zip Code

33511

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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.

NO CHANGES

SIGNATURE

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ZALA, PC MD
500 VONDERBURG DR. STE 314 W
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: *Pravin Zala* **P.C. ZALA, MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

Date

(813)654-7030

Daytime Phone #

CR2E034B (12/01)