4/21/2002-90859-0

FILED
Aug 04, 2002 8:00 am
Secretary of State

04-21-2002 90859 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084941

1. Entity Name

Sreenivas P. Vangara M.D. PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5352 Gulf Drive	5352 Gulf Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3549064 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alan Gassman PA

Street Address (P.O. Box Number is Not Acceptable): 1245 Court St Ste 102

City: Clearwater FL Zip Code: 33756

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: [signature] Date: 4-10-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President	TITLE	
NAME	Sreenivas Vangara MD PA	NAME	
STREET ADDRESS	5352 Gulf Drive	STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, FL 34652	CITY-ST-ZIP	
TITLE	N/A	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature] Date: 4-10-02 Daytime Phone #: (727) 848-3995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 40472

Urgent

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 9, 2002

ATTN: Michelle
I think we took care of this yesterday 7/28/02 please

SREENIVAS P. VANGARA, M.D., P.A.
P.O. BOX 1049
TAMPA, FL 33601-1049

Subject: **SREENIVAS P. VANGARA, M.D., P.A.**

Reference Number: **P97000084941**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC
ANNUAL REPORTS SECTION