

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90002 030 \*\*\*500.00  
08-16-2001 90010 012 \*\*\*\*50.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000026296**

1. Entity Name  
**HEALTH ASSOCIATES OF ST. PETERSBURG, P.A.**

Principal Place of Business  
**3701 4TH ST. NORTH  
ST. PETERSBURG FL 33704**

Mailing Address  
**878 SIXTH AVE SOUTH  
ST PETERSBURG FL 33701**

00061489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**3527 1st Ave. South**  
Suite, Apt. #, etc.

City & State  
**St. Petersburg**

Zip  
**33711**

Country  
**pinellas**

4. FEI Number  
**59-3501200**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PATEL, VJAY  
878 SIXTH AVE SOUTH  
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 **PRESIDENT** **8/11/01**  
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 \$550.00**  
**After September 12, 2001. Fee will be \$750.00**  
**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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>PATEL, VJAY</b>             |                                 |
| STREET ADDRESS | <b>3701 4TH ST. NORTH</b>      |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33704</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>PATEL, KIRIT</b>            |                                 |
| STREET ADDRESS | <b>3701 4TH ST. NORTH</b>      |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33704</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>SHAH, SAMIR</b>             |                                 |
| STREET ADDRESS | <b>3701 4TH ST. NORTH</b>      |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33704</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>DESAI, HEMANT</b>           |                                 |
| STREET ADDRESS | <b>3701 4TH ST. NORTH</b>      |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33704</b> |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: **SIGNATURE REQUIRED** **8/11/01** **727-321-5066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)