

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

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90085 010 ***150.00

DOCUMENT # P98000065635
1. Entity Name
ARUN K. SINGH, MD, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1309 SE 25TH LOOP</u> Suite, Apt. #, etc. <u>SUITE 101</u> City & State <u>OCALA, FL.</u> Zip <u>34471</u> Country		3. Mailing Address <u>1309 SE 25TH LOOP, STE 101</u> Suite, Apt. #, etc. <u>OCALA, FLORIDA</u> City & State <u>OCALA, FLORIDA</u> Zip <u>34471</u> Country <u>U.S.A.</u>	
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4. FEI Number <u>59-3524271</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
SINGH ARUN K MD
Street Address (P.O. Box Number is Not Acceptable)
2263 LAUREL RUN DR.
OCALA
City
FL Zip Code
34471

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] 6/5/02
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	<u>ARUN K. SINGH</u> <u>2263 LAUREL RUN DR.</u> <u>OCALA, FL. 34471</u>	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: [Signature] 6/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)