

FILED

Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90090 045 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003**DOCUMENT # **P9800065635**

1. Entity Name

ARUN K SINGH MD PA

**DO NOT WRITE IN THIS SPACE****90153255**2. Principal Place of Business
7494 SW 60TH AVE3. Mailing Address
2263 LAUREL RUN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FLCity & State
OCALA, FL

4. FEI Number 59-3524271

Applied For
Not ApplicableZip
34476

Country

Zip
34476

Country

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

7. Name and Address of Current Registered Agent

Name ARUN K SINGH

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

2263 LAUREL RUN DRIVE

City OCALA

FL

Zip Code
34476**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

08/27/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1, 2003 - February 28, 2003

April 1, 2003 - May 31, 2003

June 1, 2003 - July 31, 2003

August 1, 2003 - September 30, 2003

October 1, 2003 - November 30, 2003

December 1, 2003 - December 31, 2003

Make Check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/S
ARUN K SINGH
2263 LAUREL RUN DRIVE
OCALA, FL 34476

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address with a power like empowered.

SIGNATURE:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03

Date

Daytime Phone

Attachment

ARUN K SINGH MD PA
7494 SW 60TH AVE
OCALA, FL 34476

90153255

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

DOC # P98000065635
UBR 2003

We enclose the form UBR for the year 2003 with a check of \$150.00. We have not received original form from the department of State.

We moved our office to the above new address. We believe the form mailed by you to our old address was lost in transit or in mail. Now we realized that we have not received your form so it did not come to our knowledge. You can see from our file that we always file and pay in-time.

We request you to excuse us this time and not to charge any penalty as we have not done any mistake intentionally.

Thank you, we appreciate your cooperation.

Arvind N Patel
President
April 27, 2003