

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90371 010 ***150.00

DOCUMENT # P99000067976

1. Entity Name

ANNAPOORNA ARUNACHALAM, M.D., P.A.

Principal Place of Business

2925 10TH AVENUE NORTH SUITE 201 LAKE WORTH FL 33461
3175, South Congress Avenue, SUITE 201 PALM SPRINGS, FL 33461.

Mailing Address

3175, South Congress Avenue, SUITE 201 PALM SPRINGS, FL 33461.

2. Principal Place of Business

3175, South Congress Ave
Suite, Apt. #, etc. 210

3. Mailing Address

3175, South Congress Ave.
Suite, Apt. #, etc. 210

City & State

Palm Springs, FL

City & State

Palm Springs FL

4. FEI Number

65-0937559

Applied For

Not Applicable

Zip

33461 FL

Country

USA

Zip

33461 FL

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARUNACHALAM, ANNAPOORNA
7804 FAIRWAY LANE
WEST PALM BEACH FL 33412

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

D ☐ Delete
ARUNACHALAM, ANNAPOORNA
2925 10TH AVENUE NORTH SUITE 201
LAKE WORTH FL 33461

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
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CITY-ST-ZIP

☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)