

8/2/2004-90014-021-\$150.00-\$150.00

8/2/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 OCT 20 PM 1:07

1. Entity Name SUKHVINDER K. GULATI M.D.P.A.		2. Principal Place of Business 10028 PINES BLVD PEMBROKE PINES FL 33024		3. Mailing Address 10726 CHARLESTON PLACE COOPER CITY FL 33026	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FBI Number 32-0048914	
City & State		City & State		5. Certificate of Status Debated ☐ \$8.75 Additional Fee Required	
Zip		Country		Zip	
6. Name and Address of Current Registered Agent GULATI, MANJIT S 10726 CHARLESTON PLACE COOPER CITY FL 33026				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
	GULATI, SUKHVINDER K	10726 CHARLESTON PLACE	COOPER CITY FL 33026		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Sukhvinder Kaur Gulati (SUKHVINDER K. GULATI) PRESIDENT 7.29.04					

MANJIT SINGH GULATI, M.D.

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SUKHVINDER K. GULATI, M.D.

10028 Pines Blvd. Pembroke Pines, FL 33024
110 N. Federal Highway Suite 303 Hallandale, FL 33009
Phone: 954-438-6080 Fax: 954-499-5599

September 15, 2004

Uniform Business Report
Division of Corp.
PO Box 1500
Tallahassee, FL 32302-1500

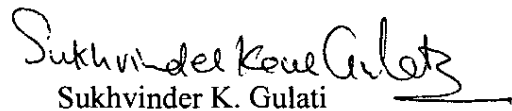
To Whom It May Concern:

We did not receive an original mailing, but we believe we have sent you whatever was required. We hope that you can waive the late fee.

Thank you for your consideration.



Manjit S. Gulati



Sukhvinder K. Gulati

REF #P01000013039

REF # P020001351O3