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

8/2/2

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

P02000135103

1. Entity Name
SUKHVINDER K. GULATI M.D.P.A. P02000135103

Principal Place of Business	Mailing Address
10028 PINES BLVD PEMBROKE PINES FL 33024	10726 CHARLESTON PLACE COOPER CITY FL 33026

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E034 (11/03)

4. FEI Number 32-0048914 — Applied For / Not Applicable

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

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

FILE NOW!!! Fee is $150.00 After May 1, 2004 Fee will be $550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GULATI, SUKHVINDER K 10726 CHARLESTON PLACE COOPER CITY FL 33026 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (954) 438-6080

MANJIT SINGH GULATI, M.D. 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

REF #P01000013039

Sukhvinder K. Gulati

REF # P02000135103