

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32467

Entity Name: UNITED PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

FILED
Oct 08, 2021
Secretary of State
3022438948CR

Current Principal Place of Business:

4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216

Current Mailing Address:

4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US

FEI Number: 59-2768995

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PRABHU, SUDHIR MD
4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US

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: SUDHIR PRABHU

10/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name GAURANG, SHAH NMD
Address 4123,UNIVERSITY BLVD.SOUTH -
SUITE A
City-State-Zip: JACKSONVILLE FL 32216

Title TD
Name PRABHU, SUDHIR L
Address 9517 WATERFORD RD
City-State-Zip: JACKSONVILLE FL 32257

Title SD
Name RAJPAL, CHITRA
Address 4123 UNIVERSITY BLVD. S
SUITE C
City-State-Zip: JACKSONVILLE FL 32257

Title D
Name ZEB, SHAHID
Address 4123 UNIVERSITY BLVD S
SUITE D
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name FIRST COAST NEPHROLOGY
Address 4123 UNIVERSITY BLVD S
SUITE E
City-State-Zip: JACKSONVILLE FL 32216

Title OTHER
Name ROBINSON, NORSHAE
Address 4123 UNIVERSITY BLVD S
F
City-State-Zip: JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUDHIR PRABHU

**PRESIDENT AND
REGISTERED AGENT**

10/08/2021

