

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90367 028 ***150.00

DOCUMENT # 509502

1. Entity Name
D.S. CHOKSHI, M.D., P.A.



Principal Place of Business
2301 N UNIVERSITY DR
STE 207
PEMBROKE PINES FL 33024
US

Mailing Address
2301 N UNIVERSITY DR
STE 207
PEMBROKE PINES FL 33024
US

2. Principal Place of Business
D.S. CHOKSHI M.D.P.A.

3. Mailing Address
Deenbandhu S. Chokshi MD
1689 N. Hiatus Rd.
PMB 1267
Pembroke Pines, FL 33026

Suite, Apt. #, etc.
10831 NW 17th CT.

City & State
PEMBROKE PINES, FL

Zip
33026

Country
USA

Zip
Country

4. FEI Number
59-1749236

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHOKSHI, DEENBANDHU S
2301 N UNIVERSITY DR
STE 207
PEMBROKE PINES FL 33024

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 *Deenbandhu S. Chokshi*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHOKSHI, DEENBANDHU S
2301 N UNIVERSITY DR STE 207
PEMBROKE PINES FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Deenbandhu S. Chokshi MD
1689 N. Hiatus Rd.
PMB 1267
Pembroke Pines, FL 33026 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pembroke Pines ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Deenbandhu S. Chokshi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 954-885-1466

Date

Daytime Phone #

CR2E034 (10/02)