

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552162

1. Entity Name

C.H. AMAR INALSINGH, M.D., P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90036 009 ***150.00

Principal Place of Business

Mailing Address

401 MANATEE AVE E
BRADENTON FL 34208
US

401 MANATEE AVE E
BRADENTON FL 34208-1143
US

00037542

2. Principal Place of Business

3. Mailing Address

SAME
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1776602

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INALSINGH, C.H. AMAR MD
401 MANATEE AVE E
BRADENTON FL 34208

Name *SAME*
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME INALSINGH, C.H. AMAR MD
STREET ADDRESS 401 MANATEE AVE EAST
CITY-ST-ZIP BRADENTON FL ☐ Delete

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

TITLE VS
NAME RAY, PRANAB MD
STREET ADDRESS 401 MANATEE AVE EAST
CITY-ST-ZIP BRADENTON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

CR2034 (9/99)