

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90062 002 ***150.00

DOCUMENT # 572424

1. Entity Name

P.S. KRISHNAMURTHY, M.D., P.A.

Principal Place of Business

Mailing Address

402 E ASH ST
 PERRY FL 32347
 US

402 E ASH ST
 PERRY FL 32347-2105
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1835193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRISHNAMURTHY, P S
402 E ASH ST
PERRY FL 32347

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.

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 NAME | PD | <input type="checkbox"/> Delete |
| STREET ADDRESS | KRISHNAMURTHY, P.S. | |
| CITY-ST-ZIP | 402 E ASH ST PERRY FL | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REQUIRED

✓ 2/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)