

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90143 002 \*\*\*150.00

**DOCUMENT # 596573**

1. Entity Name

VINOD M. PATEL, M.D., P.A.



Principal Place of Business

7050 N.W. 4TH STREET  
SUITE 203  
PLANTATION FL 33317

Mailing Address

7050 N.W. 4TH STREET  
SUITE 203  
PLANTATION FL 33317

2. Principal Place of Business

7050 NW 4 St.

3. Mailing Address

7050 NW 4 St.

Suite, Apt. #, etc.

# 203

Suite, Apt. #, etc.

# 203

City & State

Plantation FL

City & State

Plantation FL

Zip

33317

Country

Broward

Zip

33317

Country

Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1878516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, VINOD M  
3230 HUNTER ROAD  
FT. LAUDERDALE FL 33331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD  
NAME PATEL, VINOD  
STREET ADDRESS 3230 HUNTER ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (10/02)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03

954-791-5300