

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600701

1. Entity Name

MOLINA, BURKETT, CHAUHAN, WHEELLEY AND FINK, M.D.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90043 038 ***150.00

Principal Place of Business

2345 14TH AVENUE, SUITE B
 VERO BEACH FL 32960

Mailing Address

2345 14TH AVENUE, SUITE B
 VERO BEACH FLA 34954-2609

2. Principal Place of Business

1805 South 25th St

3. Mailing Address

PO Box 2609

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Ft Pierce FL

City & State

Ft Pierce FL

Zip

34947

Country

USA

Zip

34954-2609

Country

USA

4. FEI Number

59-1225753

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34949

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

Martha L. Wheelley MD

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

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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

TITLE VPD ☐ Delete
 NAME REDDY, KAMBAM R
 STREET ADDRESS 2345 14TH AVENUE STE B
 CITY-ST-ZIP VERO BCH FL

TITLE D ☐ Delete
 NAME WHEELLEY, MARTHA
 STREET ADDRESS 2345 14TH AVE
 CITY-ST-ZIP VERO BCH, FL 00000

TITLE ☐ Delete
 NAME
 STREET ADDRESS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD / Secretary ☒ Change ☐ Addition
 NAME Reddy, Kambam
 STREET ADDRESS PO Box 2609
 CITY-ST-ZIP Ft Pierce FL 34954-2609

TITLE President ☒ Change ☐ Addition
 NAME Martha Wheelley
 STREET ADDRESS PO Box 2609
 CITY-ST-ZIP Ft Pierce FL 34954-2609

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS

**MOLINA, BURKETT, CHAUHAN,
 WHEELLEY & FINK, M.D., PA**

DBA ST. LUCIE ANESTHESIA
 P.O. BOX 2609
 FORT PIERCE, FL 34954-2609

1251

DATE

4/24/00

63-4/630 FL
 1163

PAY TO THE ORDER OF Department of State

Eight Dollars & 25/100

\$ 8.25

DOLLARS

NationsBank

NationsBank, N.A.

ACH R/T 063000047

FEI # 59-1225753

600701 - Certificate of Status fee

Martha L. Wheelley MD

000125100630000470030616458121

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

that the information
 (an officer or director
 Block 11 or Block 12 if

4601777
 Home Phone #

CR2E034 (9/99)