

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

192  
**FILED**

02 JUL 19 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 600701

**1. Entity Name**

Molina, Burkett, Chauhan, Wheeley & Fink, P.A.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1805 So. 25th Street

Suite, Apt. #, etc.

Suite 2

City & State

Fort Pierce, FL

Zip

34947

Country

**3. Mailing Address**

P. O. Box 2609

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34954-2609

Country

USA

**2001-2002 UBR**

**4. FEI Number**

59-1225753

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Kambam R. Reddy, M.D.

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

1459A Captains Walk

City

Fort Pierce,

FL

Zip Code  
34950

**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** Kambam R. Reddy, M.D.

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

STREET ADDRESS

CITY-ST-ZIP

P,T,S,D

Kambam R. Reddy, M.D.

1459A Captains Walk

Fort Pierce, FL 34950

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kambam R. Reddy, M.D.

Date

Daytime Phone #

CR2E04B (12/01)

Attachment

# 600701

282

**MOLINA, BURKETT, CHAUHAN, WHEELLEY & FINK, P.A.**

**dba: St. Lucie Anesthesia Associates**

**P.O. Box 2609**

**Fort Pierce, FL 34954-2609**

**July 2, 2002**

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32305-1500

Re: UBR

Gentlemen:

Enclosed is my UBR for 2001 and 2002. Also enclosed is a check for \$300.00.

Please be advised that we did not receive a UBR for either year. We hereby request that any additional fees not be imposed.

Thank for your attention. Please don't hesitate to contact us if you have any questions.

Sincerely,

*K. R. Reddy*

Kambam R. Reddy, M.D.