

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90116 008 ***150.00

DOCUMENT # 603156

1. Entity Name

JASWANT SINGH PANNU, M.D., P.A.



Principal Place of Business

**4300 W. OAKLAND PK BLVD.
LAUDERDALE LAKES FL 33313-1918
US**

Mailing Address

**4300 W. OAKLAND PK BLVD.
LAUDERDALE LAKES FL 33313-1918
US**

22001293



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1362762

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

PANNU, JASWANT SINGH

3200 N OCEAN BLVD

#1907

FT. LAUDERDALE FL 33308

*NEW ADDRESS
2219 NE 15TH
WILTON MANORS
FL 33305*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PANNU, JASWANT SINGH | |
| STREET ADDRESS | 3200 N OCEAN BLVD #1907 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PANNU, DEBRA | |
| STREET ADDRESS | 3100 N OCEAN BLVD #1907 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)