## FILED Mar 06, 2001 8:00 am

DOCUMENT # 635975  1. Entity Name RAO, REDDY & ALBIBI, M.D., P.A.					Mar 06, 2001 8:00 am Secretary of State 03-06-2001 90334 001 ***150.00		
204 E 197H S1		Mailing Address 204 E 19TH STREET PANAMA CITY FL 32405			1.00.		
PANAMA CITY FL 32405 US		US			G0031650		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		<b>4.</b> F	FEI Number <b>59-2034963</b>		pplied For ot Applicable
Zip	Country	Zip C	country	5. (	Certificate of Status Desired [	\$8.75 Add	ditional
<del> </del>	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Regis		~
	م مي الأسلام الما الما الما الما الما الما الما		Name	or with the same			
RAO, PALEP N M.D. 204 E. 19TH STREET PANAMA CITY FL 32405			Street Address (P.O. Box Number is Not Acceptable)				
			City	•		FL Zip Cod	le
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! F After MAY 1, 2001 I Make Check Payable to	Fee will be \$5	0 50.00	instating)  10. Election Campaign Financi Trust Fund Contribution.	~ _ ++	00 May Be d to Fees
11.	OFFICERS AND DI		12.		LIDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE	PD	Delete	TITLE	AD		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	RAO, PALEP N., M.D. 204 E 19TH STREET PANAMA CITY FL	□ D€:tote	NAME STREET ADDRESS CITY-ST-ZIP			Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDDY, SUDHAKAR C. M.D. 204 E 19TH STREET PANAMA CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, EUGENE M 204 E 19TH STREET PANAMA CITY FL	· · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albinis 204 E	RiyAO 19th street Amo city F1	Change	Addition
TITLE NAME STREET ADDRESS	T Albibi, Riyad 204 e 19th Street	☐ Delete	TITLE NAME STREET ADORESS			☐ Change	Addition
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP				Į.
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP				
13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower.	is filing does not qualify for the ue and accurate and that my sig ered to execute this report as re	exemption state gnature shall ha equired by Char	ed in Section we the same l oter 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; da Statutes; and that my name ap	ner certify that the in that I am an officer pears in Block 11 o	nformation or director r Block 12 if

**2001 UNIFORM BUSINESS REPORT (UBR)**