2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F04694

Address:

City-St-Zip:

1133 SE 18 PLACE, STE 1

OCALA, FL 34471 US

Entity Name: KRISHNA RAO M.D., P.A.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of	f Business:	
1133 SE 1	8 PLACE				
OCALA, F	L 34471 U	S			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1133 SE 1	8 PLACE				
OCALA, FI	L 34471 U	S			
FEI Number:	: 59-2033409	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SIMONS, 0 121 NW TI OCALA, FI	HIRD ST.	S			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		o satisfy its Intangible Tax filing req g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (KRISHNA, RAC 1133 SE 18 PL OCALA, FL 34	ACE, STE 1	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	DST (RAO, ROSE M) Delete SECTRY.	Title: (Name:) Change ()Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMAREA RAO DST 04/29/2002