

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90044 018 ***150.00

DOCUMENT # F45710

1. Entity Name
DIPAKKUMAR M. UPADHYAYA, M.D., P.A.



Principal Place of Business

6801 US 27 N STE A-1
PO BOX 1923
SEBRING, FL 33870

Mailing Address

6801 US 27 N STE A-1
PO BOX 1923
SEBRING, FL 33871-1923 US

30032000



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2115983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 SOUTH COMMERCE
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME UPADHYAYA, D M
STREET ADDRESS 6801 US 27 N., STE. A-1
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME UPADHYAYA, P D
STREET ADDRESS 6801 US 27 N., STE. A-1
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME UPADHYAYA, CHERRAG
STREET ADDRESS 6801 US 27 N., STE. A-1
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME UPADHYAYA, MINAXI
STREET ADDRESS 6801 US 27 N., STE. A-1
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

3/25/05