

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90027 009 ***150.00

0016249

DOCUMENT # F51025

1. Entity Name:

JAY M. PATTANI, M.D., P.A.

Principal Place of Business

**% JAY M PATTANI, M.D.
 SUITE 401, 3599 SOUTH UNIVERSITY BLVD
 JACKSONVILLE FL 32216**

Mailing Address

**% JAY M PATTANI, M.D.
 SUITE 401, 3599 SOUTH UNIVERSITY BLVD
 JACKSONVILLE FL 32216**

772044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2132163**

Applied For
 Not Applicable

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

**PATTANI, JAY M., MD
 SUITE 401, 3599 SO. UNIVERSITY BLVD.
 JACKSONVILLE FL 32216**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

Registered Agent's 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) ☐

**FILE NOW !! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **PATTANI, JAY M**
 STREET ADDRESS **3599 S UNIVERSITY BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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 #

JAY M. PATTANI, M.D.

4/14/01

904-398-7570

CR2E034 (10/00)

Attachment

Doc. # F51025
772042

JAY M. PATTANI, M.D., P.A.
Pediatrics
(Infants, Children, Young Adults)

Samuel Wells Medical Complex, Suite 401
3599 University Blvd. South, Jacksonville, Florida 32216
(904) 398-7570 • FAX (904) 398-6093

DIPLOMATE AMERICAN BOARD PEDIATRICS

FELLOW AMERICAN ACADEMY OF PEDIATRICS

May 25, 2001

**Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500**

Dear Sir,


Re: Plea to waive "late fee"

My practice has been incorporated since, I believe 1981, and ever since I have always filed all my returns including this Uniform Business Report(UBR) in a timely manner. This year also, I filled out the accompanying 2001 UBR in the month of April 2001 – well ahead of the deadline of May 1, 2001 - along with a check (#3125) in the amount of \$ 150.00 as required. Simply by oversight, however, I forgot to mail it until now.

I hereby respectfully request to waive the late fee for my oversight.

Thanking you in advance,

Sincerely,


Jay M. Pattani, M.D.(President)