

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90172 015 ***150.00

DOCUMENT # F57953

1. Entity Name

MUTTATHIL P. RAVINDRA NATHAN, M.D., P.A.



Principal Place of Business

14555 CORTEZ BLVD.
HERNANDO HEART CLINIC
BROOKSVILLE FL 34613

Mailing Address

14555 CORTEZ BLVD.
HERNANDO HEART CLINIC
BROOKSVILLE FL 34613

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 **22-2242327**

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

NATHAN, MUTTATHIL P. RAVINDRA
1455 CORTEZ BLVD., SUITE 1
BROOKSVILLE FL 34613

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	P	<input type="checkbox"/> Delete
NAME	NATHAN, MUTTATHIL P.R.	
STREET ADDRESS	1455 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATHAN, MUTTATHIL P.R.	
STREET ADDRESS	14555 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NATHAN, SUSHEELA R	
STREET ADDRESS	14555 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AUGUSTINE, JOSE	
STREET ADDRESS	14555 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, JOSE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

352 796 6000

Date

Daytime Phone #