

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90068 044 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64797			
1. Entity Name V.V. SHANTHARAM, M.D., P.A.			
Principal Place of Business 2585 HERSCHEL STREET JACKSONVILLE, FL 32204		Mailing Address 2585 HERSCHEL STREET JACKSONVILLE, FL 32204	
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 59-2165427		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name V.V. Shantharam, M.D. Street Address (P.O. Box Number is Not Acceptable) 2585 Herschel Street City Jacksonville FL Zip Code 32204	
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 V.V. Shantharam V.V. Shantharam, M.D. DATE 4/24/03 (NOTE: Registered Agent signature required when registering.)			
FILE NOW!!! FREE 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST SHANTHARAM, V V MD 2585 HERSCHEL STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: V.V. Shantharam SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.V. Shantharam, M.D.		4/24/03 904-388-2678 Date Daytime Phone #	

CP28034 (10/02)