

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-31-2001 90229 019 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

KAPILA M. PATEL.M.D.P.A.

Principal Place of Business

Mailing Address

KAPILA M. PATEL.M.D.P.A.
1500 LAKE LAND HILLS BLVD.SUITE#6
LAKE LAND,FL33805

2. Principal Place of Business

3. Mailing Address

KAPILA M. PATEL.M.D.P.A.

1500 LKND HILLS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE#6

SUITE#6

City & State

City & State

LAKE LAND, FL

LAKE LAND, FL

Zip

Country

Zip

Country

33805

POLK

338305

POLK

4. FEI Number

59-2218312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

KAPILA M. PATEL.M.D.P.A.
1500 LAKE LAND HILLS BLVD. #6
LAKE LAND, FL33805

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 name of registered agent and title if applicable.

(NOTE: Registered Agent 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
KAPILA M. PATEL.M.D.
1500 LAKE LAND HILLS BLVD. #6
LAKE LAND, FL33805

☐ Delete

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

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☐ Change ☐ Addition

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:

KAPILA M. PATEL.M.D. PRESIDENT 863-688-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)