2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G05458 **DOCUMENT #**

1. Entity Name

USHA S. TOPRANI, M.D., P.A.



Principal Place of Business % USHA S. TOPRANI, M.D. 4532 BARTELT ROAD

Mailing Address % USHA S. TOPRANI. M.D. 4532 BARTELT ROAD

HOLIDAY FL 346	90 '	HOLIDAY FL 34690				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			\dashv	
City & State		City & State	·			
Zip	Country	Zip	intry			
	6. Name and Address of Cu	rrent Registered Agent		<u></u>		
TOPRANI US	SHA S., M.D.		<u> </u>	Name	-	
	,			Stroot Adds	200 (D.C	

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90150 021 ***150.00



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2. Principal Place of Business		3. Mailing Address			1 1901HT 6011 6010 01HT 61007 01F61 15HT 0	ilbit oldil bibit bib	II BIBII BIBII IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 59-2230414		Applied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	dditional	
6. Name and Address of Current Registered Agent				7.	Name and Address of New Registers		-:	
TODDAN			Name			-		
1	I USHA S., M.D.		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
4532 BARTELT ROAD				otrock Address (1.0. Box Number is Not Acceptable)				
HULJUAY	' FL 34690							
			City			Zip Cod		
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registered office or re	egistered ag	ent, or both, in the State of Florida. I a	ım familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title it applicable. (NOT	FE. Donistand A	 				
		Tallo the it applicable. (NOT	FE: Registered Agent signature	required when re	einstating) DAT	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	□ \$5.0 □ Adde	00 May Be ed to Fees		
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	DP TOPRANI, USHA S, MD 4532 BARTLELT ROAD HOLIDAY FL 34690	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE					
NAME .		☐ Delete	NAME			Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				{	
TITLE		☐ Delete	TITLE	··		☐ Change	Addition	
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CITY-ST-ZIP			STREET ADDRESS					
TITLE	**		CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE		_	☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
			_ ' '					

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: