2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G37964** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** PASCO LUNG CENTER, INC. 01-20-2000 90123 024 ***150.00 Principal Place of Business Mailing Address 5453 GULF DR #3 5453 GULF DR #3 NEW PORT RICHEY FL 34652-3917 NEW PORT RICHEY FL 34652-0917 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2286319 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name GASSMAN, ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT ST. SUITE 102 **CLEARWATER FL 34616** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE **GUPTA, LALIT K** NAME STREET ADDRESS 5453 GULF DR #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY, FL00000** Change ☐ Delete ☐ Addition TITLE KUMAR, ALOK NAME NAME 5453 GULF DRIVE #3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF **NEW PORT RICHEY FL 34652** Change Addition Delete: TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

PED OR PRINTED HAME OF SIGN

☐ Delete

Change

☐ Addition