2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

G52844

1. Entity Name

S.S. MARATHE, M.D., P.A.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90299 001 ***150.00

Principal Plac	e of Business	Mailir	ng Address								
240 S. PARK	CIRCLE E.	240	240 S. PARK CIRCLE E.								
ST AUGUSTIN	IE FL 32086	ST #	ST AUGUSTINE FL 32086								
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2. Principal F	Place of Business	3. Ma	3. Mailing Address				١.			Dibil Dibil biril	0101)
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Suite, Apt.	# etc	Sui	te, Apt. #, etc.							-	
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City & Stat	Δ	City	City & State				4. FEI Number Applied For				
Oily & Stat	6		Only a diate				4. 1	59-2306793		. —	lot Applicable
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Zip	Country	_ Lib	Zip		Country		5. (Certificate of Status Desired	d □ \$8.75 Additional Fee Required		
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. <u> </u>	6. Name and Address of Curre	nt Register	ed Agent				7. 1	lame and Address of New Re	listered	I Agent	
					Name						
MARATHE	E, S. S., M.D.		Stro			t Address (B.O. Boy Number is Net Acceptable)					
	IRK CIRCLE EAST		Street			Address (P.O. Box Number is Not Acceptable)					
j S1. AUGU	JSTINE FL 32086-2137			J							
•					City				FI	Zip Cor	de
										<u>- </u>	
	named entity submits this statement	for the purp	pose of changing its	s registered	office o	r registere	ed ag	ent, or both, in the State of Flori	da. Lan	n familiar with	, and accept
 the obligat 	ions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered age	ot and title if an	nlicable (NOT	E: Registered A	gent eignet	ure required :	when re	instation)	DATE		
	Signature, typed or printed harre or registered age	int and the il ap	T	C. negistered A	Gent aitheth	uie iequiled (WIEITE	in statutg)			
F	ILE NOW!!! FEE IS \$150.00							S Starting Committee Start		φ.c.	00
After	May 1, 2003 Fee will be \$550.00	0						9. Election Campaign Fina			00 May Be
Make Check	Payable to Florida Department	of State	}					Trust Fund Contribution.		☐ Adde	ed to Fees
10.	OFFICERS AN	D DIRECTO		11.			ΔD	I DITIONS/CHANGES TO OFFIC	EDC AN	ID DIRECTOR	OC INI 11
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12. 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 eport 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 this led 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 other like empowered.

SIGNATURE

4.25.03

904.347.3434

Daytime Phone #