

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90005 004 \*\*\*150.00

**DOCUMENT # H73755**

1. Entity Name  
**S.V.S. SETTY, M.D., P.A.**

<b>S.V.S. SETTY, M.D., P.A.</b> 7340 N.W. 83RD AVENUE. TAMARAC, FLORIDA 33321	<b>S.V.S. SETTY, M.D., P.A.</b> 7340 N.W. 83RD AVENUE. TAMARAC, FLORIDA 33321
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2723531</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>ROSEN, JEROME</del> <del>4200 NW 16TH ST.</del> <del>PENTHOUSE E</del> <del>LAUDERHILL FL 33313</del>				Mr. JEROME ROSEN 7880 N. UNIVERSITY DRIVE TAMARAC, FLORIDA 33321			

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 \_\_\_\_\_ (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 13, 2000 Min. 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SETTY, S.V.S., M.D.			NAME			
STREET ADDRESS	7340 NW 83RD. AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SETTY, PREMALEELA			NAME			
STREET ADDRESS	7340 NW 83RD. AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 information entered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT **8/11/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/00)

Attachment  
DOC#: #73755  
DUU78885

081400

August 3rd, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: FEI # 59-2723531

Dear Sir/ Madame:

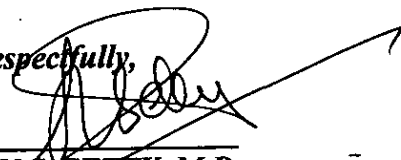
I did not receive my initial Uniform business reports which were sent. I did receive a second notice in the mail. I called your office today and spoke with a representative and I was advised to send a cover letter and also enclose a cheque for the annual fee of \$ 150.00.

On the outside of the form the address is correct, however the address inside the UBR must be changed to: 7340 N.W. 83rd Avenue. Tamarac, Florida 33321.

If you need further assistance, please do not hesitate to contact our office.

Note: Due to relocation our new office address is:  
7340 N.W. 83rd Avenue. Tamarac, Florida 33321.  
Phone and Fax # (954) 726-9544.

Respectfully,

  
S.V.S. SETTY, M.D.

SYS/naf  
enclosures