

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20207

1. Entity Name

RAJIV CHANDRA, M.D., P.A.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90029 025 \*\*\*150.00

Principal Place of Business

Mailing Address

20 E MELBOURNE AVE  
 SUITE 104  
 MELBOURNE FL 32901  
 US

20 E MELBOURNE AVE  
 SUITE 104  
 MELBOURNE FL 32901-5970  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2689991

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 New Registered Agent

CHANDRA, RAJIV  
 20 EAST MELBOURNE AVENUE  
 STE 104  
 MELBOURNE FL 32901

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 or printed 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
 NAME CHANDRA, RAJIV, MD  
 STREET ADDRESS 20 E. MELBOURNE AVE, #104  
 CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE b ☐ Delete  
 NAME Gayden, John Jr, MD  
 STREET ADDRESS 1215 S Hickory ST  
 CITY-ST-ZIP Melbourne, FL 32901

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

TITLE b ☐ Delete  
 NAME Patel, Bachu, MD  
 STREET ADDRESS 469 S Harbor City Blvd  
 CITY-ST-ZIP Melbourne, FL 32901

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

TITLE b ☐ Delete  
 NAME Michel, Cynthia, MD  
 STREET ADDRESS 1215 S Hickory ST  
 CITY-ST-ZIP Melbourne, FL 32901

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 321-951-7404

CR2E034 (9/99)