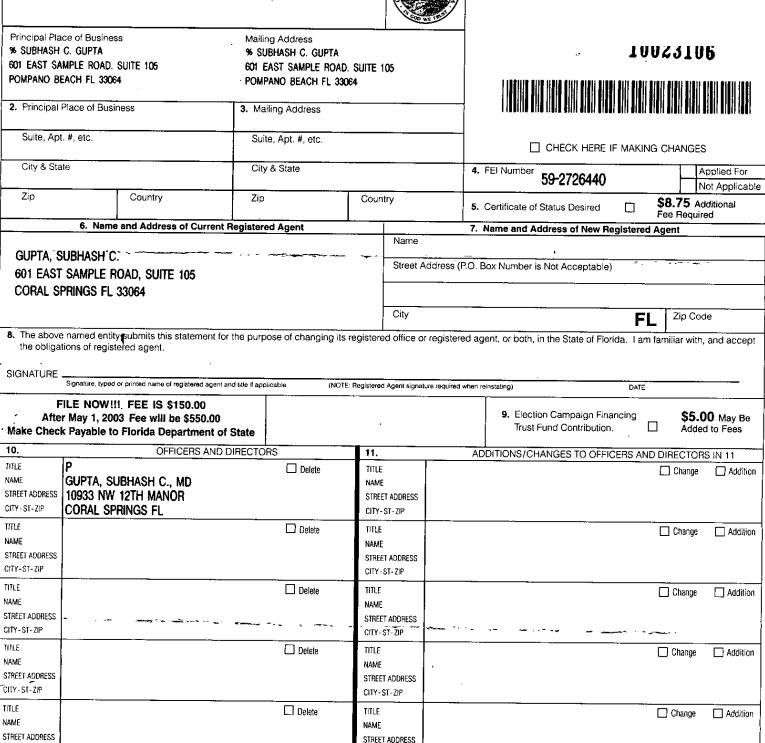
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **J26445**

1. Entity Name

SUBHASH C. GUPTA, M.D., P.A.



12. 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 receiper 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE: X

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CAJATURE REQUIRED
TURE AND OFFICER OR DIRECTOR

☐ Delete

x 2-10.00

Daytime Pho

☐ Change

☐ Addition

FILED

Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90285 045 \*\*\*150.00

CR2E034 (10/02)