

2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # K08243

1. Entity Name
PANDYA & DODSON, M.D., P.A.

FILED

00 OCT -9 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1001 BEVERLY DR
ROCKLEDGE FL 32955

Mailing Address
1001 BEVERLY DR
ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2860113**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOMAN'S HEALTHCARE CENTER~~
~~C/O SUSAN REEVES~~
~~1001 BEVERLY~~
~~ROCKLEDGE FL 32955~~

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PSTD DODSON, MELVIN G
STREET ADDRESS **1001 BEVERLY DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
VPS PANDYA, SNEHLATA S.
STREET ADDRESS **1001 BEVERLY DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE NAME Change Addition
STREET ADDRESS **400003430014-1**
CITY-ST-ZIP **-10/19/00--01079--006**
*****150.00 ***150.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP **KE**

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-00

Date

Daytime Phone #

CFR2E094 (5/00)

2072

SNEHLATA S. PANDYA, M.D.

MELVIN G. DODSON, M.D.

September 22, 2000

DIPLOMATE
AMERICAN BOARD
OF
OBSTETRICS & GYNECOLOGY

FELLOW
AMERICAN COLLEGE
OF
OBSTETRICS & GYNECOLOGY

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

Re: Pandya & Dodson, M.D., P.A.
FEI # 59-2860113

To Whom It May Concern:

We recently received a Second Notice to file our 2000 Uniform Business Report, which now includes the \$400.00 late-filing fee. Pandya & Dodson, M.D., P.A. never received a First Notice to file a 2000 Uniform Business Report.

We are sending our check for \$550.00 but we are asking that you refund the \$400.00 penalty to us.

Thank you for your consideration.

Sincerely,

PANDYA & DODSON, M.D., P.A.


Snehlata S. Pandya, M.D.


Melvin G. Dodson, M.D., Ph-D

SNEHLATA S. PANDYA, M.D., P.A.

1001 BEVERLY DRIVE • ROCKLEDGE • FLORIDA 32955 • (407) 639-0240