

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 19337

1. Entity Name

APARNA KOPURI, M.D., P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90034 001 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

816 E. NEW HAVEN AVE.

3. Mailing Address

816 E. NEW HAVEN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

4. FEI Number

59-2886061

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

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

KOSTRO, VICTOR S

Name

1825 S. RIVERVIEW DRIVE
 MELBOURNE, FL 32901

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PST	KOPURI, APARNA MD	816 E. NEW HAVEN AVE.	MELBOURNE, FL 32901				
AST	KOPURI, N. RAO	816 E. NEW HAVEN AVE.	MELBOURNE, FL 32901				

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: *A. Kopuri MD*

APARNA KOPURI, M.D.

3-30-2000

321-984-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #