


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # K90718 1. Entity Name UNITED PROFESSIONAL CENTER, INC.	
---	---

Principal Place of Business 5802 STATE ROAD 54 NEW PORT RICHEY, FL 34652	Mailing Address 5802 STATE ROAD 54 NEW PORT RICHEY, FL 34652
--	--

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2950746	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUMAR, M.D., K.S.
5802 STATE ROAD 54
NEW PORT RICHEY, FL 34652

**DO NOT WRITE
IN THIS SPACE**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000085545 03/11/04-80052-008 158.75
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, BIPIN I. 5818 STATE ROAD 54 NEW PORT RICHEY FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/8/04 727-842-2795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #