

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006133 AF

**DOCUMENT # L00000001730**

1. Entity Name  
**CHANDRA, GAYDEN, PATEL & MICHEL, L.C.**

FILED

01 MAY -2 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**20 E MELBOURNE AVENUE  
MELBOURNE FL 32901**

Mailing Address  
**20 E MELBOURNE AVENUE  
MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			

**6. Name and Address of Current Registered Agent**  
  
**WHITAKER, HURLEY PARTIN ESQ  
312 S HARBOR CITY BLVD  
MELBOURNE FL 32901**

**7. Name and Address of New Registered Agent**  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

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. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GAYDEN, JOHN JR MD 1251 S HICKORY STREET MELBOURNE FL 32901</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mbr Rajiv Chandra, Margaret Chandra Tenancy by the Entireties 20 E Melbourne Av Melbourne, FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mbr Bachu Patel, Usha Patel Tenancy by the Entireties 20 E. Melbourne Av Mlb., Fl 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mbr John Gayden, MD; Miriam Gayden Tenancy by the Entireties 20 E Melbourne Av Mlb., Fl 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mbr Cynthia Michel, D.O. 1251 S. Hickory St Melbourne, FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400004314304--2 -05/24/01--01041--011 *****50.00 <input checked="" type="checkbox"/> \$50.00 Addition</b>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **4/27/01** **321-951-7404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)