

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90585 009 ****50.00

DOCUMENT # L00000001730

1. Entity Name
CHANDRA, GAYDEN, PATEL AND ASSOCIATES, LLC

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
59-3630346

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITAKER, HURLEY PARTIN ESO
 312 S HARBOR CITY BLVD
 MELBOURNE FL 32901**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MBR Delete <input type="checkbox"/> |
|---|--|
| RAJIV CHANDRA, MD., MARGARET CHANDRA 20 E. MELBOURNE AVE MELBOURNE FL 32901 | <input type="checkbox"/> |
| BACHU PATEL, M.D., USHA PATEL 20 E. MELBOURNE AVE MELBOURNE FL 32901 | <input type="checkbox"/> |
| JOHN GAYDEN MD., MIRIAM-GAYDEN 20 E. MELBOURNE AVE MELBOURNE FL 32901 | <input type="checkbox"/> |
| MBR MICHEL, CYNTHIA D.O. 1251 S HICKORY ST MELBOURNE FL 32901 | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
|--|---|
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

CR2E083 (9/01)

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: **REQUIRED**

[Handwritten Signature]

Date: **42402** Daytime Phone #: **321-723-3113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #