

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017253

1. Entity Name

FDM, P.L.C.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90056 020 ****50.00

Principal Place of Business

1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

Mailing Address

1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

2. Principal Place of Business

14100 FIVAY RD.
SUITE #120

3. Mailing Address

PO BOX 2087

City & State

HUDSON, FL

City & State

TARPON SPRINGS FL

Zip

Country

34667

Zip

Country

34688-2087



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3747448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOYAL, RAJIVA M.D.	
STREET ADDRESS	1245 COURT STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOYAL, MUNA C M.D.	
STREET ADDRESS	1245 COURT STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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: SIGNATURE REQUIRED RAJIVA GOYAL

1/21/02 (727) 819-2338

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

Date

Daytime Phone #

CR2E083 (9/01)

0019168