

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90314 013 ***150.00

DOCUMENT # L35690

1. Entity Name
CHARLOTTE MEDICAL ASSOCIATES, P.A.

Principal Place of Business Mailing Address

% JACK O. HACKETT, II
 115 W. OLYMPIA AVENUE
 PUNTA GORDA FL 33950

P.O. BOX 511447
 115 W. OLYMPIA AVENUE
 PUNTA GORDA FL 33951-1447
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0159455** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HACKETT, JACK O., II
 115 WEST OLYMPIA AVENUE
 PUNTA GORDA FL 33950

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 _____ (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) **yes** ☒

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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANDIGAM, BALA K.		NAME		
STREET ADDRESS	2400 HARBOR BLVD., #22		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANDIGAM, USHA K.		NAME		
STREET ADDRESS	2400 HARBOR BLVD., #22		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANDIGAM, USHA K.		NAME		
STREET ADDRESS	2400 HARBOR BLVD., #22		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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: USHA K. NANDIGAM 4/24/00 941/625-6187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)