

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM****Secretary of State****DOCUMENT # L39781****1. Entity Name**

PAWAN K. RATTAN, M.D., P.A.

Principal Place of Business

706 W PLATT ST

TAMPA
33606

FL

US

Mailing Address

26 ADALIA AVENUE

TAMPA
33606

US

FL

2. Principal Place of Business

306 S. PLANT AVE

3. Mailing Address

24 ADALIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

Zip
33606Country
US**City & State**

TAMPA

FL

Zip
33606Country
US**4. FEI Number**

59-2981180

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

RATTAN PAWAH K

706 W PLATT ST

TAMPA
33606

FL

7. Name and Address of New Registered Agent**Name**

RATTAN PAWAN K

Street Address (P.O. Box Number is Not Acceptable)

306 S. PLANT AVE

City
TAMPA

FL

Zip Code
33606**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 PAWAN K. RATTAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VD	MD	Delete
	RATTAN	26 ADALIA AVENUE	TAMPA FL	<input type="checkbox"/>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	MD	Delete
	RATTAN, PAWAN K. M.D.	26 ADALIA AVENUE	TAMPA FL	<input type="checkbox"/>		

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VD	MD	Change	Addition
	RATTAN	24 ADALIA AVENUE	TAMPA FL 33606	<input checked="" type="checkbox"/>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	MD	Change	Addition
	RATTAN PAWAN K.M.D.	24 ADALIA AVENUE	TAMPA FL 33606	<input checked="" type="checkbox"/>			

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

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

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

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

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 PAWAN K. RATTAN**

PD

04/27/2000