2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
02-27-2002 90003 014 ***150.00

DOCUMENT # L52812

1. Entity Name
VINOD K. BHATNAGAR, M.D., P.A.

Principal Place of Business	Mailing Address
% VINOD K. BHATNAGAR MD ~~530 S NOKOMIS AVE #14~~ 1101 S Tamiami Trail #208 VENICE FL 34285	% VINOD K. BHATNAGAR MD ~~530 S NOKOMIS AVE #14~~ 1101 S Tamiami Trail #208 VENICE FL 34285

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1101 S Tamiami Tr	1101 S Tamiami Tr
Suite, Apt. #, etc.: Suite 208	Suite, Apt. #, etc.: Suite 208
City & State: Venice Fl	City & State: Venice Fl
Zip: 34285 Country: USA	Zip: 34285 Country: USA

4. FEI Number 65-0173693 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BHATNAGAR, VINOD K. MD
~~530 S NOKOMIS AVE~~ 1101 S Tamiami Trail
~~SUITE 14~~ Suite 208
VENICE FL 34285

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BHATNAGAR, VINOD K. MD ~~530 S NOKOMIS AVE STE 14~~ 1101 S Tamiami Trail, Suite 208 VENICE FL 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: SIG V K Bhatnagar 2/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #