2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67761

1. Entity Name

DR. MOHAN K. SAOJI, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90209 010 ***150.00

Principal Place of Business	Mailing Address
% DR. MOHAN K. SAOJI AND DR. A JAI PRAKASH 290 HIBISCUS RD. CASSELBERRY FL 32707	% DR. MOHAN K. SAOJI AND DR. A JAI PRAKASH 290 HIBISCUS RD. CASSELBERRY FL 32707-5340

DO NOT WRITE IN THIS SPACE

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 59-2872456 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DR. MOHAN A. SAOJI AND DR. A. JAI PRAKASH 290 HIBISCUS RD. CASSELBERRY FL 32707	Name DR. MOHAN K. SAOJI Street Address (P.O. Box Number is Not Acceptable) 290 HIBISCUS ROAD City CASSELBERRY FL Zip Code 32707

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] MOHAN.K SAOJI DR. 2/18/2000
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, 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	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAOJI, DR. MOHAN K.		NAME		
STREET ADDRESS	1310 SUZANNE WAY		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP		
TITLE	SVD	☒ Delete	TITLE	SVD	☒ Change ☐ Addition
NAME	PRAKASH, DR. A. JAI		NAME	SAOJI, DR. MOHAN K.	
STREET ADDRESS	674 KAREN COURT		STREET ADDRESS	1310 SUZANNE WAY	
CITY-ST-ZIP	ALTAMONTE SPRGS FL		CITY-ST-ZIP	LONGWOOD FL. 32779	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] MOHAN. SAOJI 2/16/2000 407-331-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #