

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M67761

FILED
Feb 11, 2003
Secretary of State

Entity Name: DR. MOHAN K. SAOJI, P.A.

Current Principal Place of Business:

% DR. MOHAN K. SAOJI
290 HIBISCUS RD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

% DR. MOHAN K. SAOJI
290 HIBISCUS RD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-2872456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAOJI, MOHAN K DR.
290 HIBISCUS RD.
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SAOJI, DR. MOHAN K.,
Address: 1310 SUZANNE WAY
City-St-Zip: LONGWOOD, FL

Title: SVD () Delete
Name: SAOJI, MOHAN K DR.
Address: 1310 SUZANNE WAY
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAN SAOJI

PTD

02/11/2003

Electronic Signature of Signing Officer or Director

_____ Date