

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90106 037 ****61.25

DOCUMENT # N00000007012

1. Entity Name

AMAR MAA CHARITY HOSPITAL, INC.

Principal Place of Business

**1839 14TH STREET WEST
 BRADENTON FL 34205**

Mailing Address

**1839 14TH STREET WEST
 BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, MARC H
 3908 26TH STREET WEST
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **CHAUHAN, HEMANT**

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

1839-14th ST. WEST

City **BRADENTON**

FL

Zip Code
34205

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 Hemant Chauhan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 14th 01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **CHAUHAN, HEMANT**
 STREET ADDRESS **1839 14TH STREET WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CHAUHAN, DEVIYANIBEN**
 STREET ADDRESS **1839 14TH STREET WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PARMAR, GUNVANTI P**
 STREET ADDRESS **14 WEYMOUTH STREET**
 CITY-ST-ZIP **LEICESTER LE4 6SN ENGLAND**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14th 01 (941) 748-6909

Date

Daytime Phone #

CR2E037 (10/00)