07/09/2002 01:10 8132582459 HEALTHQ

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State
08-11-2002 90168 023 ****61.25

DOCUMENT # N22271

1. Entity Name

ASSOCIATION OF AMERICAN PHYSICIANS FROM SOUTH AS IA, INC.

Principal Place of Business	Mailing Address
306 PLANT AVE TAMPA FL 33606 US	306 PLANT AVE TAMPA FL 33606 US

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 59-2852347 ☐ 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
PAWAN, RATTAN M.D. ~~306 PLANT AVE~~ ~~TAMPA FL 33606~~ 10319 Williamas Road Tampa, FL-33624	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P NARAYAN, M. L. MD 1314 S FT. HARRISON AVE CLEARWATER FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	G·M·RAMAPPA 12136 Cobblestone Dr HUDSON 34667 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMAPPA, G. M. MD 12136 COBBLESTONE DR HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VENKAT IYER M·D 32815 US 19 NORTH, SUITE 3 PALM HARBOR, FL 34684 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V IYER, VENKIT MD 32815 US 19 N, SUITE 3 PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RATTAN, PAWAN, M·D 306 S. PLANT TAMPA, FL 33606 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RATTAN, PAWAN MD 306 S PLANT TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAMNATH·S·RAO, M·D 6331 MCLAURIN DR TAMPA, FL 33647 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHOKSI, JAYENDRA MD 2630 W WATERS AVE TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VIBUTI SINGH, M·D HEART CENTER OF ST PETERSBURG 601-74 ST, SOUTH ST PETERSBURG, FL 33701 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMANDI, VENKATA RAO MD 13904 LAKESHORE BLVD, SUITE 410 HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NARAYAN M·L, M·D 1314 S·FT HARRISON AVE, CLEARWATER, FL 33756 ☐ Change ☐ Addition

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: _____ 8/5/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #