

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90441 007 ***150.00

0593577
FP

DOCUMENT # **P00000026510**

1. Entity Name
SANJAY K.MADAN MD PA



Principal Place of Business
**3231 MCMULLEN BOOTH RD.
208
SAFETY HARBOR FL 34695**

Mailing Address
**3231 MCMULLEN BOOTH RD.
208
SAFETY HARBOR FL 34695**



2. Principal Place of Business

**1840 Meene Drive
Suite, Apt. #, etc.
402**

3. Mailing Address

**1840 Meene Drive
Suite, Apt. #, etc.
402**

City & State
Safety Harbor

Zip
FL 34695

Country
USA

City & State
Safety Harbor

Zip
34695

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3630918**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MADAN, SANJAY K
207 HIGHLAND WOODS DRIVE
SAFETY HARBOR FL 34695**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADAN, SANJAY K DR 3231 MCMULLEN BOOTH RD., 208 SAFETY HARBOR FL 34695-1098	<input type="checkbox"/> Delete
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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 607, 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

1/8/03 (727) 669-2969
Date Daytime Phone #

CR2E034 (10/02)