2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000026510

1. Entity Name

SANJAY K.MADAN MD PA



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

01-13-2003 90441 007 ***150.00

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	ace of Business	Mailing Address						
3231 MCMU 208	llen booth RD.	3231 MCMULLEN BOOTH	I RO.					
	RBOR FL 34695	208	· · ·					
		SAFETY HARBOR FL 346	95		î 1 00) 100 îi 00 îi 00 îi 10 îi 10 îi 10 îi 10 îi 10 îi 10 îi 10	(19 5) (1964)	13 5 11 3 15 1 31 15 1 31 5	
2. Principal	Place of Business	3. Mailing Address						
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Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			_/			
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City & Sta	ety Knalace	Sofety Harba			4. FEI Number 59-3630918		Applied For	٦
Zip	Country Trailer	· Zip		2021	39-3030918		Not Applicable	€
RC.	34695 B US A	34,695	Country	Pireller	5. Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current Re		<u> </u>	• • • • • •	7. Name and Address of New Registered	Fee Requi	rea	4
MARAN		· · · · · · · · · · · · · · · · · · ·	Nar	ne		- sgem		┪
	SANJAY K	Street A		et Address (P	ess (P.O. Box Number is Not Acceptable)			4
	ILAND WOODS DRIVE		Silver AC		35 (1.0. Box Number is Not Acceptable)			
SAFETY	HARBOR FL 34695							1
			City			7:- 0-		4
8. The above	named entity submits this statement for the		'		FL	Zip Co		
the obligation	tions of registerer agent.	ne purpose of changing its	registered offic	e or registere	d agent, or both, in the State of Florida. I am f	amiliar with	, and accept	1
•	1611							}
SIGNATURE	Signature, typed or printed same of mentered agent and	title if applicable (NOTE	: Registered Agent s	land at a suite d				
F	ILE NOW!!! FEE IS \$150.00		- Ingolated rigolita		rhen reinstating) DATE			_
Afte	May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5 (00 May Be	
Make Check	Payable to Florida Department of S	tate			Trust Fund Contribution.		d to Fees	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS (CHANGES TO OFFICERS AND			
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NAME	MADAN, SANJUY K DR	<u> </u>	NAME	İ		☐ Change	Addition	Į ö
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUS NATIFIER HEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 (727) 669-2969