

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 047 ***150.00

DOCUMENT # P00000034866

1. Entity Name
Practiceserve, Inc.
5553 Hwy. 90
Pace, FL 32571

040002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5553 Hwy. 90

Suite, Apt. #, etc.

Pace, FL 32571

City & State

3. Mailing Address

5553 Hwy. 90

Suite, Apt. #, etc.

Pace, FL 32571

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3638338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature to be typed when required)

GATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
Purushottam K. Garg
5553 Hwy. 90
Pace, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary-Treasurer, Director
Anju Garg
5553 Hwy. 90
Pace, FL 32571

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anju Garg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2002 (850) 995-8171

Date

Display Phone #

CR2E034B (12/01)