

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 014 ***150.00

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

DOCUMENT # P00000039462

1. Entity Name
SANJAY A PATEL MD PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 SE 17th ST

3. Mailing Address
150 17th ST

Suite, Apt. #, etc.
STE 802

Suite, Apt. #, etc.
STE 802

DO NOT WRITE IN THIS SPACE

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
59-3636232

Applied For
Not Applicable

Zip
34471

Country

Zip
34471

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SANJAY A PATEL
Street Address (P.O. Box Number is Not Acceptable)

150 SE 17th ST STE 802

City
OCALA FL Zip Code
34471

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 required when reinstating)

DATE

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

January - May Fee is \$150.00
After May 1, Fee is \$550.00
Attended 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
P/S/T
SANJAY A PATEL
150 SE 17th ST STE 802
OCALA FL 34471

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #