

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90106 036 ***158.75

DOCUMENT # P00000064921

1. Entity Name

KETAN A. PATEL, M.D., P.A.

Principal Place of Business

2932 HARRISON AVE APT D
PANAMA CITY FL 32405

Mailing Address

2932 HARRISON AVE APT D
PANAMA CITY FL 32405

2. Principal Place of Business

489 N. Tyndall Parkway

3. Mailing Address

489 N. Tyndall Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Callaway, FL

City & State

Callaway, FL

Zip

32404

Country

USA

Zip

32404

Country

USA

4. FEI Number

59-3658663

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, KETAN A
2932 HARRISON AVE APT D
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

KETAN A. PATEL

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

3206 Country Club Drive

City

Lynn Haven

FL

Zip Code

32444

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

Ketan A. Patel

KETAN A. PATEL

4/13/01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	PATEL, KETAN A	
STREET ADDRESS	2932 HARRISON AVE APT D	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3206 Country Club Drive	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ketan A. Patel

KETAN A. PATEL

4/13/01

769-2803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)