

2001 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-24-2001 90003 010 ***150.00

DOCUMENT # P00000065653

1. Entity Name

KATHARIGUPPA VENKATARAM, M.D., P.A.

Principal Place of Business

**12404 MAIDSTONE CT.
 ODESSA FL 33556**

Mailing Address

**12404 MAIDSTONE CT.
 ODESSA FL 33556**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

593647698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VENKATARAM, KATHARIGUPPA
 12404 MAIDSTONE CT.
 ODESSA FL 33556**

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.

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) ☒

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DIRECTOR** ☐ Delete
 NAME **KATHARIGUPPA VENKATARAM**
 STREET ADDRESS **12404 MAIDSTONE CT**
 CITY-STATE-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-01

(813) 926-6310

Date

Daytime Phone #

CR2E034 (5/01)