8/4

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State P00000065653 DOCUMENT # 08-24-2001 90003 010 ***150.00 KATHARIGUPPA VENKATARAM, M.D., P.A. Principal Place of Business Mailing Address 12404 MAIDSTONE CT. 12404 MAIDSTONE CT. ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number <u>593647698</u> Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENKATARAM, KATHARIGUPPA Street Address (P.O. Box Number is Not Acceptable) 12404 MAINDSTONE CT. ODESSA FL 33556 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DIRECTOR 5/01 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME YONEGTA RAM CATHARIGUEPA STREET ADDRESS STREET ADDRESS 12404 MAID \$70ME CITY-ST-ZIP CITY-ST-ZIP ODE PLA 2255 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ' Deleta 1ITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP 13. I hereby certify that the Information supplied with this filling 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. rure pequired 8.14.5 (813 1926-6310 SIGNATURE: SIGNATURE Date Daylima Phone