

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90060 021 \*\*\*150.00

**DOCUMENT # P00000101069**

**1. Entity Name**  
**SOUTH LAKE PEDIATRICS, P.A.**



**Principal Place of Business**

**835 7TH ST.**  
**BLDG A #3**  
**CLERMONT FL 34711**

**Mailing Address**

**835 7TH ST.**  
**BLDG A #3**  
**CLERMONT FL 34711**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**SOUTH LAKE PEDIATRICS**  
Suite, Apt. #, etc.  
**835 7th ST, BLDG A**  
City & State  
**CLERMONT FL #3**

**3. Mailing Address**

**835 7th ST**  
Suite, Apt. #, etc.  
**BLDG A, STE A, #3**  
City & State  
**CLERMONT FL**

**4. FEI Number** **59-3677418**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**NALLAMSHETTY, ADINARAYANAMUR**  
**835 7TH BLDG A. #3**  
**CLERMONT FL 34711**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **NALLAMSHETTY, ADINARAYANAMUR**  
**STREET ADDRESS** **8048 HORSE FERRY ROAD**  
**CITY-ST-ZIP** **ORLANDO FL 32835**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, 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 #

CR2E034 (10/02)