

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103098

1. Entity Name

PRADIP M. MEHTA, MD P.A.

Principal Place of Business

83266 OVERSEAS HWY. #500
ISLAMORADA FL 33036

Mailing Address

83266 OVERSEAS HWY. #500
ISLAMORADA FL 33036

Principal Place of Business

92410 O/S HWY
Suite 1

Mailing Address

P.O. Box 1405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER, FL

City & State

TAVERNIER, FL

Zip

33070

Country

MONROE

Zip

33070

Country

MONROE

6. Name and Address of Current Registered Agent

MEHTA, PRADIP

83266 OVERSEAS HWY. #500
ISLAMORADA FL 33036

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 \$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 ☐ Delete
NAME D
STREET ADDRESS MEHTA, PRADIP M.D.
CITY-ST-ZIP 83266 OVERSEAS HWY. #500
ISLAMORADA FL 33036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 92410 O/S HWY, Suite 1
STREET ADDRESS TAVERNIER, FL
CITY-ST-ZIP 33070

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/

FILED

Jul 13, 2001 8:00 am
Secretary of State

06-22-2001 90219 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)