

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90120 021 ***150.00

DOCUMENT # P01000021882

1. Entity Name

RAMAKRISHNA KOTHALANKA, M.D., P.A.

Principal Place of Business

**7318 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

Mailing Address

**7318 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

2. Principal Place of Business

107 NE 19th Drive

3. Mailing Address

107 NE 19th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL 34972

City & State

Okeechobee, FL 34972

4. FEI Number

65-1061427

Applied For

Not Applicable

Zip
34972

Country

Zip
34972

Country

Okeechobee

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RATFIELD, LOUIS-W

**7318 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Harriet G. Shapiro

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

7800 Red Road, Suite 115

City

S Miami

FL

Zip Code
33143

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, 2002 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 **P.D.**
 STREET ADDRESS **Dr. Ramakrishna Kothalanka**
 CITY-ST-ZIP **107 NE 19th Drive**

Okeechobee, FL 34972 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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 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 #

CR2E034 (9/01)