

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90111 018 ***150.00

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DOCUMENT # P01000021882

1. Entity Name

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



Principal Place of Business

**107 NE 19TH DR
OKEECHOBEE FL 34972**

Mailing Address

**107 NE 19TH DR
OKEECHOBEE FL 34972**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1061427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHAPIRO, HARRIET G
7800 RED RD STE 115
S MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name
RAMAKRISHNA KOTHALANKA, M.D.,
Street Address (P.O. Box Number is Not Acceptable)
107 N.E. 19th DRIVE

City **OKEECHOBEE** **FL** Zip Code **34972**

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

RAMAKRISHNA KOTHALANKA, M.D.

2/25/03

(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 **PD** ☐ Delete
NAME **KOTHALANKA, RAMAKRISHNA DR**
STREET ADDRESS **107 NE 19TH DR**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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
STREET ADDRESS
CITY-ST-ZIP

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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]* **SIGNATURE REQUIRED**

RAMAKRISHNA KOTHALANKA, M.D.

2/25/03

(305) 271-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)