

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 021 ***150.00

DOCUMENT # P01000031295

1. Entity Name
HARESH P. SOLANKI, M.D. P.A.

HARESH

Principal Place of Business

~~1890 DEBURAH DR #6~~
PUNTA GORDA FL 33950

Mailing Address

~~1890 DEBURAH DR #6~~
PUNTA GORDA FL 33950

2. Principal Place of Business

5118 W 158TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

2407 EAST MALL DR

Suite, Apt. #, etc.

City & State

OVERLAND PK. KS.

City & State

FT. MYERS FL

Zip
66224

Country
USA

Zip
33901

Country
USA

4. FEI Number

65-1093519

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SOLANKI, HARESH P

~~1890 DEBURAH DR #6~~

~~PUNTA GORDA FL 33950~~

7. Name and Address of New Registered Agent

Name

RODERICK D. MCLEOD

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

2407 EAST MALL DR.

City

FT. MYERS

FL

Zip Code

33901

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

R D McLeod

3-31-02

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 **D** ☐ Delete
 NAME **SULANKI, HARESH P**
 STREET ADDRESS **1890 DEBURAH DR #6**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 **5118 WEST 158TH TERRACE**
 CITY-ST-ZIP **OVERLAND PARK, KS 66224**

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/02

Date

913-681-3742

Daytime Phone #

CR2E034 (9/01)