

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0512424 AV

DOCUMENT # P01000031295

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 12:11

Principal Place of Business
5118 W 158TH TERRACE
OVERLAND PARK KS 66224
US

Mailing Address
2407 EAST MALL DR
FORT MYERS FL 33901
US



2. Principal Place of Business

3. Mailing Address

2419 EAST MALL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

FT. MYERS FL

4. FEI Number

65-1093519

Applied For

Not Applicable

Zip

Country

Zip

33901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, RODERICK D
2407 EAST MALL DRIVE
FORT MYERS FL 33901

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☐ Delete
NAME: **SOLANKI, HARESH P**
STREET ADDRESS: **5118 WEST 158TH TERRACE**
CITY-ST-ZIP: **OVERLAND PARK KS 66224**

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

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

TITLE: ☐ Change ☐ Addition
NAME: **400016129394**
STREET ADDRESS: **04/17/03--01009--004**
CITY-ST-ZIP: ****150.00**

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

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: **SOLANKI, HARESH P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

913-681-3742

Daytime Phone #

CR2E034 (10/02)