

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035777

1. Entity Name

LALITHA VADLAMANI-SIMMERS M.D., P.A.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-24-2002 91262 035 ***150.00

00613/2 AV

Principal Place of Business

1590 RUCKLE DR
NICEVILLE FL 32578

Mailing Address

1590 RUCKLE DR
NICEVILLE FL 32578

2. Principal Place of Business

552 Twin Cities Blvd

Suite, Apt. #, etc.

Suite A

City & State

Niceville, FL

Zip

32578

Country

USA

3. Mailing Address

552 Twin Cities Blvd

Suite, Apt. #, etc.

Suite A

City & State

Niceville, FL

Zip

32578

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3716949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VADLAMANI-SIMMERS, LALITHA

1590 RUCKLE DR

NICEVILLE FL 32578

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Lalitha Vadlamani-Simmers, M.D.
1590 Ruckle Dr.
Niceville, FL 32578

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

Lalitha Vadlamani-Simmers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)