## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000050506

1. Entity Name

TAMPA BAY INDEPENDENT PHYSICIAN ASSOCIATES, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State

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| Suite, Apt. 4, refc.   Suite. Apt. 4, refc.   CHECK HERE IF MAKING CHANGES  Zip   Country   Zip   Country   Zip   Country   B. Certificate of Status Desired   Sa.75 Additional   Not Applicable   Sa.75 Additional   Sa.75 Ad   | 116 WEST BOUGAINVILLEA AVENUE 116 W      |                 |                           |                | WEST BOUGAINVILLEA AVENUE  |          |                  |  |                                       |                               |                                    |            |    |
| Cty & State  City & State  Country  A. FEI Number Sp-3720158  City Sp-3720158  City Sp-3720158  City Sp-3720158  A. FEI Number Sp-3720158  A. FEI Number Sp-3720158  City Sp-3720158  City Sp-3720158  A. FEI Number Sp-3720158  City Sp-3720158  A. FEI Number Sp-3720158  A. FEI Number Sp-3720158  City Sp-3720158  A. FEI Number Sp-3720158  A. FEI Number Sp-3720158  A. FEI Number Sp-3720158  A. FEI Number Sp-3720158  City Sp-3720158  A. FEI Number Sp-3720158  City Sp-3720158  A. FEI Number Sp-3720158  City Sp-372   | 2. Principal Place of Business 3. Mailin |                 |                           | ailing Address |  |          |                  | 1 ( <b>34</b> )(134) 34) <b>54</b> (6) 31(4) 44(4) 44(4) 4 | 0111 <b>00</b> 1.01 011               | I <b>eere</b> t <b>e</b> ille | <b>41.114 4.111</b> 1 <b>.16</b> 1 |            |    |
| Second   S     | Suite, Apt. #, etc.                      |                 |                           | Suit           | Suite, Apt. #, etc.  |          |                  | <del>- </del>  | CHECK HERE IF MAKING CHANGES          |                               |                                    |            |    |
| S. Nume and Address of Current Registered Agent  PATEL, NILESH M  ITS SOUTH WILLOW AVENUE  TAMPA FL 33606  City  City  FL  Zip Code  City    | City & State                             |                 |                           | City & State   |  |          | 4.               | 4. FEI Number 59-3720158                                   |                                       |                               | <del>  -  </del>                   |            |    |
| PATEL, NILESH M 115 SOUTH WILLOW AVENUE TAMPA FL 33666  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its repistored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, by do not primate area or inglated agent and a second with a zacistation.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICIERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  OFFICERS AND DIRECTORS IN 11  ITIE  OPATEL, SUMITA J  PATEL, SUMITA J  PATEL SUMITA J  PATEL, SUMI | Zip                                      |                 | Country                   | Zip Coun       |  |          | try              | 5. (   | Certificate of Status Desired         |                               |                                    |            | ]  |
| PATEL, NILESH M 115'SOUTH WILLOW AVENUE TAMPA FL 33806  City FL Zp Code  C   | 4.                                       | 6. Name         | and Address of Current    | Register       | ed Agent   |          |                  | 7. 1   | Name and Address of New Regi          | stered Ag                     | ent                                |            | 1. |
| TAMPA FL 33608  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fermilier with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITIS  D OFFICERS AND DIRECTORS  SIRET AUDRESS  SIRET AUDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITIS  D PATEL SUMITA J  SIRET AUDRESS  SIRET AUDRESS  TAMPA FL 33612  D PATEL SUMITA J  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  SIRET AUDRESS  SIRET AUDRESS  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  D PATEL PRAVIN D  PATEL PRAVIN D  PATEL PRAVIN D  D PATEL PRAVIN D  D PATEL PRAVIN D  D PATEL SUMITA J  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  MAKE  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  MAKE  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA J  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA J  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA J  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA J  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D PATEL SUMITA SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D Details  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D Details  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  D Details  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  NAME  SIRET AUDRESS  CITY-S1-2P  TAMPA FL 33613  TITLE  NAME  SIRET AUDRESS  CITY-S1- |  | و میت جوسرسو،   |                           | <del>- +</del> | Company of the second of the s | . ~ >    | Name             |  | <del></del>                           |                               |                                    |            | 1  |
| TAMPA FL 33606  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the obligations of registered agent, or post, in the State of Flonds. I am familiar with, and accept the post of post of post of post or post of post   |  |                 | 41871018                  |                |  |          |                  |  |                                       |                               |                                    |            |    |
| 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   |  |                 | AVENUE                    |                |  |          | ļ-,              |  |                                       |                               |                                    |            | -  |
| SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D STRETA PORESS CITY-ST-2P  TAMPA FL 33813  TITLE  D ATELL SUMITA J 118 WEST BOUGAINVILLEA AVENUE TAMPA R 1, 33812  TITLE  TITLE  D ATELL SUMITA J 116 WEST BOUGAINVILLEA AVENUE TAMPA FL 33813  TITLE  TAMPA FL 33812  TITLE  TAMPA FL 33813  TIT | ·  |                 |                           |                |  |          | L                |  |                                       |                               |                                    |            |    |
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| TITLE DATE BOUGAINVILLEA AVENUE TREET ADDRESS CITY-ST-ZIP  TITLE DAMPA FL 33612  TITLE DAMPA FL 33613   | After May 1, 2003 Fee will be \$550.00   |                 |                           |                |  |          |                  |  | <b>\$5.0</b> Added                    | 00 May Be<br>d to Fees        |                                    |            |    |
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| TITLE NAME PATEL, SUMITA J STREET ADDRESS CITY-ST-ZIP TITLE NAME PATEL, PRAVIN D STREET ADDRESS CITY-ST-ZIP TITLE NAME PIPALIA, TULSIBHAI L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                 | ***                       |                | L_J Delete   |          | ľ                |  |                                       | L                             | _ Change                           | ☐ Addition | ļĝ |
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| TAMPA FL 33612   | NAME                                     |                 |                           |                |  | MAM      | E [              |  |                                       |                               |                                    |            | -  |
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| CITY-ST-ZIP  TAMPA FL 33612  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAME                                     | PATEL, PR       | AVIN D                    |                |  | NAMI     | E                |  |                                       |                               |                                    |            | 1  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP                              | TAMPA FL        | 33612                     |                |  | CITY-    | -ST-ZIP          |  |                                       |                               |                                    |            |    |
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| STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NAME                                     | PIPALIA, TI     | ulsibhai l                |                |  | NAME     | :                |  |                                       |                               |                                    |            | Ĺ  |
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| CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP   | f  |                 |                           |                | <del>-</del>   | •        | ſ                |  |                                       | _                             | •                                  |            |    |
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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  | 1  |                 |                           |                |  |          |                  |  |                                       |                               |                                    |            | 1  |
|  | 12. I hereby c                           | ertify that the | information supplied with | this filing    | does not qualify for   | the exer | mption stated in | Section  | 119.07(3)(i), Florida Statutes. I fui | ther certify                  | that the i                         | nformation | 1  |

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:

PRAVIN D. PATEL