

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-16-2002 90137 001 ***550.00
 09-16-2002 90137 002 *****8.75

DOCUMENT # P01000065623

1. Entity Name
 YUVRAJ SINGH, M.D., P.A.

Principal Place of Business

~~9899 PALMA VISTA WAY~~
~~BOCA RATON FL 33428~~

Mailing Address

~~9899 PALMA VISTA WAY~~
~~BOCA RATON FL 33428~~

2. Principal Place of Business

5015 Fairways Circle

3. Mailing Address

1140 Kane Concourse

Suite, Apt. #, etc.

Apt - 101

Suite, Apt. #, etc.

Fifth Floor

City & State

Vero Beach FL

City & State

Bay Harbor Islands FL

Zip

33428

Country

USA

Zip

33154

Country

USA

4. FEI Number

65-1120901

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

SINGH, YUVAJ M.D.
~~9899 PALMA VISTA WAY~~
~~BOCA RATON FL 33428~~

7. Name and Address of New Registered Agent

Name Robert Henry Silvers
 Street Address (P.O. Box Number is Not Acceptable)
 1140 Kane Concourse
 Fifth Floor
 City Bay Harbor Islands FL Zip Code 33154

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME SINGH, YUVAJ M.D.
 STREET ADDRESS 506 ELIOT DRIVE
 CITY-ST-ZIP HUMMELSTOWN PA 17036 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 1140 Kane Concourse F. 5th Floor
 CITY-ST-ZIP Bay Harbor Islands FL 33154 ☒ Change ☐ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

9/4/02

772-299-0797

CR2E034 (4/02)