

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Oct 01, 2004 8:00 am
Secretary of State

DOCUMENT # P01000065623

1. Entity Name

YUVRAJ SINGH, M.D., P.A.



10-01-2004 90014 001 ***550.00

10-01-2004 90014 002 *****8.75

Principal Place of Business

5015 FAIRWAYS CIRCLE
APT D1
VERO BEACH FL 32967

Mailing Address

1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

2000 PORTOFINO CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

APT. - 102

City & State
PALM BEACH GARDENS

City & State

Zip
FL

Country
33418

Zip

Country

4. FEI Number
65-1120901

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERS, ROBERT H
1140 KANE CONCOURSE
FIFTH FLOOR
MIAMI FL 33154

7. Name and Address of New Registered Agent

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, 2004 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINGH, YUVRAJ M.D.
1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. 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

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

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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:

Yuvraj Singh

YUVRAJ SINGH, M.D.

9-29-04-305884-7531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #