

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90256 001 \*\*\*158.75

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**DOCUMENT # P01000076740**

1. Entity Name  
**SANJEEV ZUTSHI, P.A.**



Principal Place of Business  
**3067 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952**

Mailing Address  
**3067 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. BOX 495130**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**PORT CHARLOTTE FL**

4. FEI Number **65-1127676**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33949**

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

**HIGH, MELANIE D ESQ  
 223 TAYLOR ST.  
 PUNTA GORDA FL 33950**

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  Delete  
 NAME **D ZUTSHI, SANJEEV**  
 STREET ADDRESS **1843 SCARLETT AVE**  
 CITY-ST-ZIP **NORTH PORT FL 34289**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MD RAKHSHA, ZUTSHI**  
 STREET ADDRESS **573 WILLIAMS ROAD**  
 CITY-ST-ZIP **NORTH PORT FL 34289**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1843 SCARLETT AVENUE**  
 CITY-ST-ZIP **NORTH PORT FL 34289**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03**

Date

**941-429-2975**

Daytime Phone #

CR2E034 (10/02)