

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 021 ***150.00

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

DOCUMENT # P0100011 3631

1. Entity Name

ORLANDO HOSPITALISTS, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22 W LAKE BEAUTY DR

3. Mailing Address

22 W LAKE BEAUTY DR

Suite, Apt., etc.

SUITE 308

Suite, Apt., etc.

SUITE 308

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

Zip

32806

Country

4. FEI Number

59-3759125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MUTTREJA, SANJAY P

Street Address (P.O. Box Number is Not Acceptable)

22 W. LAKE BEAUTY DR SUITE 308

City

ORLANDO

FL

Zip Code

32806

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is: \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DPT
MUTTREJA, SANJAY P
1717 KNOTTING HILL DR
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
SODD, RAJEEV
3432 BURLINGTON DR.
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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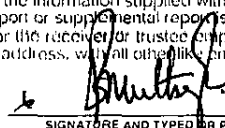
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Period

04/09/03

CR2E034B (12/01)