

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90057 032 ***150.00

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1. Entity Name

DOCTORS INLET PEDIATRICS, P.A.



Principal Place of Business

2569 CR 220, STE 204
DOCTORS INLET
MIDDLEBURG FL 32068

Mailing Address

1537 WATERBRIDGE CT
ORANGE PARK FL 32003

2. Principal Place of Business

3. Mailing Address

2569, CR 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 204

City & State

City & State

MIDDLEBURG FL

Zip

Country

32068

Country

USA

4. FEI Number

141837982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSIER, PHYLLIS M
100 W CALL ST
STARKE FL 32091

7. Name and Address of New Registered Agent

Name SUWARNA . M TILAK

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

2569, CR 220, SUITE 204

City MIDDLEBURG

FL

Zip Code 32068

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

Suvarna M Tilak
Signature (Typed or printed name of registered agent and title if applicable)

SUWARNA . M TILAK

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

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

TITLE D ☐ Delete
NAME TILAK, SUWARNA MD
STREET ADDRESS 1537 WATERBRIDGE CT
CITY-ST-ZIP ORNAGE PARK FL 32003

TITLE D ☐ Delete
NAME TILAK, MILIND MD
STREET ADDRESS 1537 WATERBRIDGE CT
CITY-ST-ZIP ORNAGE PARK FL 32003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Suvarna M Tilak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 2981994

CR2E034 (10/02)