


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 048 ***150.00

0121251 AT

DOCUMENT # P02000100390	
1. Entity Name SANDEEP THAPER, M.D., P.A.	

Principal Place of Business 39914 SUNBEAM WAY LEESBURG FL 32159	Mailing Address 39914 SUNBEAM WAY LEESBURG FL 32159
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2. Principal Place of Business 114 NORTH BLVD. E	3. Mailing Address 114 NORTH BLVD. E
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LEESBURG, FL	City & State LEESBURG, FL
Zip 34748	Country USA
Zip 34748	Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 27-0032515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REID, JOHN J 390 N. ORANGE AVENUE, SUITE 2180 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAPER, SANDEEP M.D. 39914 SUNBEAM WAY LEESBURG FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (4/03)

Attachment

Sandeep Thaper, M.D., P.A.

Hematology & Oncology

114 North Blvd. East

Leesburg, FL 34748

352-787-9448

80134653
PO2000100390

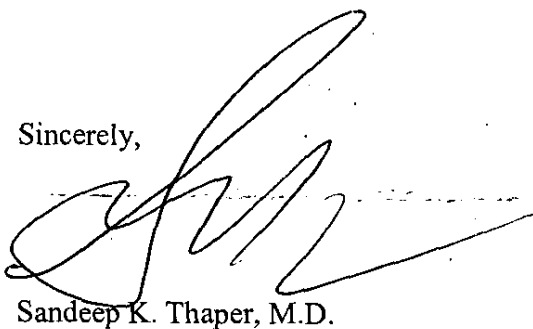
July 28, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir / Madam,

I am enclosing the 2003 for Profit Corporation Uniform Business Report (UBR) and check number 1326 in the amount of \$150.00 with this letter. I never received the first form that was sent to me. I hereby notify you to change my address to Sandeep Thaper, M.D., P.A. 114 North Boulevard East, Leesburg, FL 34748 for any future correspondence. If you have any questions, please do not hesitate to contact me at (352)787-9448.

Sincerely,



Sandeep K. Thaper, M.D.