

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91868 018 ***150.00

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DOCUMENT # P02000128906

1. Entity Name

PRAKASH KALAN, M.D., P.A.



Principal Place of Business
10225 EMERALD WOODS AVE.
ORLANDO FL 32836

Mailing Address
10225 EMERALD WOODS AVE.
ORLANDO FL 32836



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
10454 BIG TREE CT

Suite, Apt. #, etc.
P.O. BOX 2846

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
WINDERMERE, FL

4. FEI Number
03 049 7816

Applied For
Not Applicable

Zip
32836

Country
USA

Zip
34786

Country
USA

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

6. Name and Address of Current Registered Agent

KALAN, PRAKASH M.D.
10225 EMERALD WOODS AVE.
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name
PRAKASH KALAN

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

10454 BIG TREE CT

City
ORLANDO

FL

Zip Code
32836

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

P. Kalan

4/28/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KALAN, PRAKASH M.D.
10225 EMERALD WOODS AVE.
ORLANDO FL 32836

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KALAN PRAKASH M.D.
10454 BIG TREE CT
ORLANDO, FL 32836

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

P. Kalan

4/28/03

407 9479378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)