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Secretary of State

04-26-2006 90205 021 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000053707

1. Entity Name
UMA CHODAY, M.D., P.A.

Principal Place of Business	Mailing Address
800 W. AVE., SUITE 934 MIAMI BCH, FL 33139	8177 GLADES RD., SUITE 201 BOCA RATON, FL 33434

400...

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1838 NW 9th Street		1838 NW 9th Street	
Suite, Apt. #, etc. ~~1838~~		Suite, Apt. #, etc.	
City & State: Boca Raton, FL		City & State: Boca Raton, FL	
Zip: 33486	Country: USA	Zip: 33486	Country:

4. FEI Number: 20-0039955 ☐ Applied For ☐ Not Applicable

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
CHODAY, UMA MD 8177 GLADES RD SUITE 201 BOCA RATON, FL 33434	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, 2006 Fee will be $550.00

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 CHODAY, UMA 800 W. AVE., SUITE 934 MIAMI BCH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1838 NW 9th Street Boca Raton, FL 33486	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______________________ 4/21/06 561-488-8874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #