

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

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90002 035 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name **SUJATHA RAMAMURTHY M.D. PA**  
**5800 COLONIAL DR. STE #303**  
**MARGATE, FL 33063**

**DO NOT WRITE IN THIS SPACE**

**54055916**

2. Principal Place of Business <b>5800 COLONIAL DR</b> Suite, Apt. #, etc. <b>STE # 303</b> City & State <b>MARGATE FL</b> Zip <b>33063</b> Country <b>USA</b>		3. Mailing Address <b>5800 COLONIAL DR</b> Suite, Apt. #, etc. <b>STE # 303</b> City & State <b>MARGATE FL</b> Zip <b>33063</b> Country <b>USA</b>	
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4. FEI Number <b>20-0177344</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of Current 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.

SIGNATURE N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$100.00 After May 1 Fee is \$200.00 Annual UBR is \$91.28 State Taxes Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
OFFICER/DIRECTOR (P)(X)(P)(G)(S)(D)(C)	SUJATHA RAMAMURTHY MD		
STREET ADDRESS	5800 Colonial Dr Ste 303	STREET ADDRESS	
CITY-ST-ZIP	Margate FL 33063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sujatha Ramamurthy 5/27/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date