

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90246 007 \*\*\*150.00

**DOCUMENT # P93000073729**

1. Entity Name

I.V.S. NATH, M.D., F.R.C.P., P.A.

Principal Place of Business

Mailing Address

5000 PK ST B  
 STE A  
 SAINT PETERSBURG FL 33709-2254

5000 PK ST B  
 STE A  
 SAINT PETERSBURG FL 33709-2254  
 US

2. Principal Place of Business

5800-49th Street N.

3. Mailing Address

5800 49th Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206-S

Suite 206-S

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

33709

USA

Zip

Country

33709

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATH, I.V. S M.D.  
 5800 49TH STREET N  
 SUITE 206-S  
 ST. PETERSBURG FL 33709

Name

NATH, I.V. S M.D.

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

9438 Pelican Beach Court West

Seminole FL 33777

City

Seminole

FL

Zip Code

33777

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD I.V.S. NATH M.D., P.A. 5000 PARK ST N SAINT PETERSBURG FL 33709-2254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 7

Date

Daytime Phone #

CR2E034 (9/99)