

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017400

1. Entity Name  
MANGIPUDY B. RAO, M.D., P.A.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90050 007 \*\*\*150.00

Principal Place of Business  
6319 SEA LAWN DR  
SPRING HILL FL 34607

Mailing Address  
6319 SEA LAWN DR  
SPRING HILL FL 34607-2638

2. Principal Place of Business  
5355 SPRING HILL DR  
Suite, Apt. #, etc.

3. Mailing Address  
5355 SPRING HILL DR  
Suite, Apt. #, etc.

City & State  
SPRING HILL FL

City & State  
SPRING HILL FL

4. FEI Number  
65-0488921

Applied For  
☒ Not Applicable

Zip  
34606

Country  
HERNANDO

Zip  
34606

Country  
HERNANDO

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

## 6. Name and Address of Current Registered Agent

RAO, MANGIPUDY B  
6319 SEA LAWN DR  
SPRING HILL FL 34607

## 7. Name and Address of New Registered Agent

Name  
MANGIPUDY B. RAO, M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)  
5355 SPRING HILL DR

City  
SPRING HILL FL Zip Code  
34606

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  
*MBSanker*

4-6-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
RAO, MANGIPUDY B  
6319 SEA LAWN DR  
SPRING HILL FL 34607

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6319 SEA LAWN DR  
SPRING HILL FL 34607

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:  
*MBSanker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 352-626-3438

CR2E034 (9/99)