

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90339 001 \*\*\*\*\*8.75  
05-05-2001 90339 002 \*\*\*150.00

**DOCUMENT # P94000017400**

1. Entity Name

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

Principal Place of Business

5355 SPRINGHILL DRIVE  
SPRING HILL FL 34606

Mailing Address

5355 SPRINGHILL DRIVE  
SPRING HILL FL 34606

2. Principal Place of Business

13911 LAKE SHORE BLVD

3. Mailing Address

5355 SPRINGHILL DR

Suite, Apt. #, etc.

L

Suite, Apt. #, etc.

City & State

HUDSON

City & State

SPRING HILL FL

Zip

34667

Country

PASCO

Zip

34606

Country

HERNANDO



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0488921

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAO, MANGIPUDY B**  
**5355 SPRINGHILL DR**  
**SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

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.

SIGNATURE

*M.B. Santhosh M.D. PRESIDENT*

4-20-01

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, 2001 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 **DPST** ☐ Delete  
NAME **RAO, MANGIPUDY B**  
STREET ADDRESS **5355 SPRINGHILL DR**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **MANJULA MANGIPUDY M.D.**  
STREET ADDRESS **13911 LAKE SHORE BLVD UNIT L**  
CITY-ST-ZIP **HUDSON FL 34667**

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

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

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

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

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

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:

*M.B. Santhosh M.D. MANGIPUDY B RAO*

4-20-01

352 686-343P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)