

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90115 033 ***150.00

DOCUMENT # P94000017400

1. Entity Name

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

Principal Place of Business

Mailing Address

13911 LAKESHORE BLVD

5355 SPRINGHILL DRIVE

L

SPRING HILL FL 34606

HUDSON FL 34667

2. Principal Place of Business

5355 SPRINGHILL DR

3. Mailing Address

5355 SPRINGHILL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRINGHILL FL

City & State

SPRINGHILL 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

7. Name and Address of New Registered Agent

RAO, MANGIPUDY B

5355 SPRINGHILL DR

SPRING HILL FL 34606

Name

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

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

SAME

City

SAME

FL

Zip Code

SAME

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. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 **DPST** ☐ Delete
NAME **RAO, MANGIPUDY B**
STREET ADDRESS **5355 SPRINGHILL DR**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **VP** ☐ Delete
NAME **YIMD, MANJULA M**
STREET ADDRESS **13911 LAKESHORE BLVD UNIT L**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MANGIPUDY B. RAO

2-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

352-621-3438

CR2E034 (9/01)