


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047219			
1. Entity Name RAJENDER S LAMBA MD PA			
Principal Place of Business 13028 COUNTY LINE RD HUDSON, FL 34667 US		Mailing Address 13028 COUNTY LINE RD HUDSON, FL 34667 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-3251463		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBA, RAJENDER S 13028 COUNTY LINE RD HUDSON, FL 34667		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)</small>			
DATE _____		DATE _____	
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$200.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBA, RAJENDER S	NAME	
STREET ADDRESS	13018 COUNTY LINE RD.	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 346676405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rajinder S Lamba</i>		05-7-03 727 862-3591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	

90133731



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (1/02)

Attachment
90133731

RAJENDER S LAMBA MD

YOUR FAMILY DOCTOR CLINIC,
13028 COUNTY LINE ROAD,
HUDSON, FL 34667
727-862-3591
727-863-7034

SWARAJBALA@AOL.COM

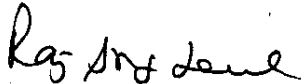
May 7, 2003

Dear MADAM/SIR,
REGARDING 2003 UNIFORM BUSINESS REPORT.
DOCUMENT# P94000047219
RAJENDER S LAMBA MD PA

WE SOME HOW DID NOT GET THE 2003 UNIFORM BUSINESS REPORT. WE CONTACTED YOUR
OFFICE AND WERE TOLD TO DOWN LOAD UBR ON THE INTERNET -WHICH WE DID. WE ARE SENDING THE
UBR 2003 WITH THE FEE. WE ARE HOPING THAT WE WILL NOT BE PENALISED AS WE DID NOT GET THE
U B REPORT.

WE APPRECIATE VERY MUCH QUICK RESPONSE TO OUR EMAIL--GREAT SERVICE-CONGRATULATIONS
WE SINCERELY APPRECIATE ALL YOUR HELP.

SINCERELY,



RAJENDER S LAMBA M.D.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS,
P O BOX 6327
TALLAHASSEE, FLORIDA 32314