

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057842

1. Entity Name
RAKESH ROHATGI, M.D., P.A.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90017 001 ***150.00

Principal Place of Business

150 SE 17TH ST
601
OCALA FL 34471
US

Mailing Address

150 SE 17TH ST
601
OCALA FL 34471
US

2. Principal Place of Business

321 S.E. 29th Place

3. Mailing Address

321 S.E. 29th PLACE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34471

Country

U.S.

Zip

34471

Country

U.S.

4. FEI Number

59-3329469

Applied For

Not Applicable

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

ROHATGI, RAKESH
150 SE 17TH STREET
601
OCALA FL 34471

Name

ROHATGI, RAKESH

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

321 S.E. 29th PLACE, #102

City

OCALA

FL

Zip Code

34471

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROHATGI, RAKESH
5590 SE 42ND AVE
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/01 (352)-622-9631

CR2E034 (10/00)