

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90230 012 \*\*\*150.00

DOCUMENT # *P95000075551*

1. Entity Name

*Sarat Lingam MD PA*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1021 Hagen Dr.*

Suite, Apt. #, etc.

3. Mailing Address

*1021 Hagen Dr.*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**B0126339**

City & State

*New Port Richey FL*

Zip

*34655*

Country

City & State

*New Port Richey FL*

Zip

*34655*

Country

4. FEI Number

*39-3348946*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Sarat Lingam*

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

*1021 Hagen Dr.*

City

*New Port Richey*

FL

Zip Code

*34655*

**DO NOT WRITE  
IN THIS SPACE**

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]*

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<i>P/3</i>
NAME	<i>Sarat Lingam</i>
STREET ADDRESS	<i>1021 Hagen Dr.</i>
CITY-ST-ZIP	<i>New Port Richey FL 34655</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

Attachment  
Document #  
P95000075551  
B0126339

May 17, 2002

SARAT LINGAM MD PA  
1021 HAGEN DR.  
NEW PORT RICHEY, FL 34655

SUBJECT: SARAT LINGAM MD PA  
Ref. Number: P95000075551

We have received your document for SARAT LINGAM MD PA and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 302A00031807