

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90695 019 ***150.00

0420922
 AV

DOCUMENT # P96000006500

1. Entity Name

TAMPA MEDICAL CARE, INC.

Principal Place of Business

**6502 A FLORIDA AVE
 TAMPA FL 33604
 US**

Mailing Address

**6502 A FLORIDA AVE
 TAMPA FL 33604
 US**

2. Principal Place of Business

3. Mailing Address

6508 No Armenia Ave

6508 No. Armenia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33604

USA

33604

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPALIA, T MD

**3102 WEST CYPRESS STREET
 TAMPA FL 33607**

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

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, 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 **D** ☐ Delete
 NAME **BAPNA, CHANDRA**
 STREET ADDRESS **1431 VILLAGE GLEN CIR**
 CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/02

813 931-2366

Date

Daytime Phone #

CR2E034 (9/01)