

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 046 ***150.00

DOCUMENT # P96000006500

1. Entity Name
TAMPA MEDICAL CARE, INC.



Principal Place of Business
6508 NO ARMENIA AVE
SUITE B
TAMPA FL 33604
US

Mailing Address
6508 NO ARMENIA AVE
SUITE B
TAMPA FL 33604
US

2. Principal Place of Business

6408 N. ARMENIA AVE

Suite, Apt. #, etc.

3. Mailing Address

6408 N. ARMENIA AVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3351224

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIPALIA, T MD
3102 WEST CYPRESS STREET
TAMPA FL 33607

Name **CHANDRA BAPNA**

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

6408 N. Armenia Ave, Suite B

City **TAMPA**

FL

Zip Code **33604**

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 **Chandra Bapna**

(NOTE: Registered Agent signature required when reinstating)

4/23/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 **CHANDRA BAPNA** ☒ Change ☐ Addition
NAME **CHANDRA BAPNA**
STREET ADDRESS **6408 N. Armenia Ave, Suite B**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

4/23/03

(813) 931-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)