

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90325 039 ***150.00

DOCUMENT # P96000027811

1. Entity Name

SURESH PINNAMANENI MD PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5277 MIRA VISTA DR

3. Mailing Address
5277 MIRA VISTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
59-3372707

Applied For
Not Applicable

Zip
34685

Country

Zip
34685

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PINNAMANENI, SURESH

Street Address (P.O. Box Number is Not Acceptable)
5277 MIRA VISTA DR

City
PALM HARBOR, FL Zip Code
34685

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PINNAMANENI, SURESH
5277 MIRA VISTA DR
PALM HARBOR, FL 34685

TITLE
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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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)