

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074443

1. Entity Name
VILAS DESHPANDE, M.D., P.A.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90004 026 ***550.00

A0069454



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5800 49TH STREET N.
SUITE 202S
ST PETERSBURG FL 33709

Mailing Address
5800 49TH STREET N.
SUITE 202S
ST PETERSBURG FL 33709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DESHPANDE, VILAS
32615 US 19 NO STE 3
PALM HARBOR FL 34684

4. FEI Number 59-3399078

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name VILAS DESHPANDE

Street Address (P.O. Box Number is Not Acceptable)
5800 49TH STREET N SUITE 202S

City ST PETERSBURG FL Zip Code 33709

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.

NATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
ADDRESS ZIP	<input type="checkbox"/> Delete
DESHPANDE, VILAS 5800 49TH ST NO STE 202S ST PETERSBURG FL	
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete
ADDRESS ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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.

SIGNATURE: *[Signature]*