

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90328 039 ***150.00

DOCUMENT # P96000074443

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



Principal Place of Business
**5800 49TH STREET N.
SUITE 2025
ST PETERSBURG FL 33709**

Mailing Address
**5800 49TH STREET N.
SUITE 2025
ST PETERSBURG FL 33709**



2. Principal Place of Business

3. Mailing Address

5880 49TH STREET N

5880 49TH STREET N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101-N

SUITE 101-N

City & State

City & State

ST. PETERSBURG FL

ST. PETERSBURG FL

Zip

Country

33709

PINELLAS

Zip

Country

33709

PINELLAS

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3399078**

Applied For

Not Applicable

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

**DESHPANDE, VILAS
6820 PEBBLE BEACH LANE
SEMINOLE FL 33777**

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. 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

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 ☐ Delete
NAME **D**
STREET ADDRESS **DESHPANDE, VILAS**
CITY-ST-ZIP **5800 49TH ST NO STE 202S
ST PETERSBURG FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

ADD SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2003

Date

Daytime Phone #

CR2E034 (10/02)