

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000021254

1. Entity Name  
RAM PRAKASH BATRA MD PA



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90357 035 \*\*\*150.00

0630222 AT

Principal Place of Business  
38172 MEDICAL CENTER AVE  
ZEPHYRHILLS FL 33540

Mailing Address  
38172 MEDICAL CENTER AVE  
ZEPHYRHILLS FL 33540



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3429494**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BATRA, RAM P  
38172 MEDICAL CENTER AVE  
ZEPHYRHILLS FL 33540

**7. Name and Address of New Registered Agent**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P BATRA, RAM P 38172 MEDICAL CENTER AVE ZEPHYRHILLS FL 33540</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)