

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000059473**

1. Entity Name

MUKUL GARG, M.D., P.A.**FILED****Jan 18, 2001 8:00 am**
Secretary of State

01-18-2001 90009 045 ***150.00

0468766

Principal Place of Business

**1255F S FLORIDA AVE
ROCKLEDGE FL 32955**

Mailing Address

**1255F S FLORIDA AVE
ROCKLEDGE FL 32955****C0005369**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1027 S. Florida Ave.		3. Mailing Address 228 S. Thurlow	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. 2	
City & State		City & State Hinsdale, Illinois	
Zip	Country	Zip	Country
		60521	USA

4. FEI Number 59-3476993	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARG, MUKUL 1255F S FLORIDA AVE ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1027 S. Florida Ave Suite A City FL Zip Code
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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.

SIGNATURE **MUKUL GARG MD** *Mukul Garg* **1-8-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARG, MUKUL M.D. 1255F S FLORIDA AVE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 1027 S. Florida Ave., Suite A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mukul Garg* **MUKUL GARG****1-8-01****321-504-3625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)