

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90205 026 ***158.75

DOCUMENT # P97000059473

1. Entity Name
MUKUL GARG, M.D., P.A.



Principal Place of Business
**1027 S FLORIDA AVE
SUITE A
ROCKLEDGE FL 32955**

Mailing Address
**228 SOUTH THURLOW
HINSDALE IL 60521**



2. Principal Place of Business
**500 CROWNE LOOP
Suite, Apt. #, etc.
APT. 117**

3. Mailing Address
**500 CROWNE LOOP
Suite, Apt. #, etc.
APT. 117**

City & State
ORMOND BEACH, FLORIDA

City & State
ORMOND BEACH, FLORIDA

4. FEI Number **59-3476993**

Applied For
Not Applicable

Zip **32174** Country **USA**

Zip **32174** Country **USA**

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

**GARG, MUKUL
1027 S FLORIDA AVE
SUITE A
ROCKLEDGE FL 32955**

Name **GARG, MUKUL**

Street Address (P.O. Box Number is Not Acceptable)
500 CROWNE LOOP

APT. 117

City **ORMOND BEACH** **FL** Zip Code **32174**

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 **MUKUL GARG MD** **2/21/03**
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 **D.** ☐ Delete
NAME **GARG, MUKUL M.D.**
STREET ADDRESS **1027 S FLORIDA AVE SUITE A**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **500 CROWNE LOOP, APT. 117**
CITY-ST-ZIP **ORMOND BEACH, FLORIDA 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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NAME
STREET ADDRESS
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: **MUKUL GARG MD**

2/21/03

(386) 212-9965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)