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

## P97000061598 **DOCUMENT #**

1. Entity Name THEYYAR RAJAN D.D.S., P.A.

SIGNATURE:



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90139 021 \*\*\*150.00

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Principal Place of Business FREEDOM SQUARE MALL. STE 98 12695 TAMIAMI TRAIL EAST NAPLES FL 34113		FREI 1269	Mailing Address FREEDOM SOUARE MALL. STE 9B 12695 TAMIAMI TRAIL EAST NAPLES FL 34113								
2. Principal Pl	ace of Business	<b>3.</b> Ma	3. Mailing Address				! (00)1001 116 10111 16011 0011 <u>)</u>	[0151]00564-8815	<del>a aita</del> n itoul billo i	&) <b>0</b> 1   0   1   1 0 <del>0</del> 1	
Suite, Apt.	#, etc.	<del>S</del> ul	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 59-345724	7		plied For Applicable	
Zip	Country	Zip	)	Coun	try .	5.	Certificate of Status Desired		\$8.75 Addi		
<del></del>	6 Name and Addre	ess of Current Register	Registered Agent			7.	7. Name and Address of New Registered Agent				
	<u> </u>		Name						ļ		
RANGARA	JAN, THEYYAR DDS			-							l
12695 TAMIAMI TRAIL E			Street Addres			ress (P.O. l	s (P.O. Box Number is Not Acceptable)				
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NAPLES F	L 33134										l
. L.					City	-	<u></u>	F	■ Zip Code	)	1
Sec. 1											1
	named entity submits the constant of registered agent		pose of changing its	registere	ed office or re	gistered a	gent, or both, in the State of F	Florida. I ar	n familiar with, a	and accept	
SIGNATURE .	Clearture hand or printed nom	e of registered agent and title if a	(NOTE	- Begistere	d Agent signature r	required when	reinstating)	DATE		<del></del>	l
· · ·	Signature, typed or printed harm	a or registered again and the in vi					<del></del>	-			ĺ
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10.		OFFICERS AND DIRECT	ORS	11.		Α	ADDITIONS/CHANGES TO O	FICERS A	VD DIRECTORS	3 IN 11	_
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12. I hereby of indicated of the core changed	certify that the information on this report or supplet poration or the receiver or on an attachment w	on supplied with this filir emental report is true an or trustee empowered t ith an address, with all o	ng does not qualify for d accurate and that to execute this report other like empowered	r the exe ny signa as requi	emption stated ture shall hav ired by Chapt	d in Section te the same ter 607, Flo	n 119.07(3)(i), Florida Statute le legal effect as if made unde orida Statutes; and that my na	s. I turther of the coath; that the appear	certify that the ii I I am an officer is in Block 10 or	or director r Block 11 if	