2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90040 049 ***158.75

DOCUMENT # P97000086032

1. Entity Name
AJAY K. GOYAL, M.D., P.A.

Principal Place of Business	Mailing Address
2215 S 25TH STREET FORT PIERCE FL 34947	8024 PLANTATION LAKES DR PORT ST. LUCIE FL 34986 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2215 S. 25th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Fort Pierce, FL
Zip / Country	Zip 34947 / Country USA

4. FEI Number 65-0800403 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOYAL, ANIL K
8024 PLANTATION LAKES DRIVE
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent

Name Goyal, Ajay
Street Address (P.O. Box Number is Not Acceptable)
2215 S. 25th Street
City Fort Pierce FL Zip Code 34947

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 [signature], President DATE 1/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOYAL, AJAY K 8024 PLANTATION LAKES DR PORT ST. LUICE FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goyal, Ajay President 8028 Plantation Lakes Drive Port St. Lucie, FL 34986 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Ajay Goyal President 1/5/02 561-467-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)