

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90336 050 ***150.00

DOCUMENT # P97000098052

1. Entity Name
WELL CARE CLINIC, P.A.

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| Principal Place of Business WELL CARE CLINIC, P.A. 449-45TH AVE S. ST. PETERSBURG FL 33705 | Mailing Address WELL CARE CLINIC, P.A. 449-45TH AVE S. ST. PETERSBURG FL 33705 |
|--|--|

00039398



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|------------------------------------|--|
| 2. Principal Place of Business Well Care Clinic Suite, Apt. #, etc. 449 45th Ave S City & State St. Pck FL Zip 33705 Country | | 3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country | | 4. FEI Number 59-3476004 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |

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| 6. Name and Address of Current Registered Agent HIMANSU, TRIVEDI 501 LAKESIDE VILLAGE 116TH AVENUE NORTH, #304 ST. PETERSBURG FL 33716 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *H Trivedi* DATE 4/14/01

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. ☐ **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. ☐ **\$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 | D HIMANSU, TRIVEDI 501 LAKESIDE VILL., 116TH AVE., #304 ST. PETERSBURG FL 33716 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *H Trivedi* DATE 4/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)