

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90025 007 ***150.00

DOCUMENT # P97000098052

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

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

2. Principal Place of Business

Well Care Clinic, P.A.

3. Mailing Address

Same

Suite, Apt. #, etc.

5413 Winhawk Way

Suite, Apt. #, etc.

City & State
Lutz, Florida

City & State

Zip
33549

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-3476004**

Applied For
 Not Applicable

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

HIMANSU, TRIVEDI
501 LAKESIDE VILLAGE
116TH AVENUE NORTH, #304
ST. PETERSBURG FL 33716

Name
Swati Jani

Street Address (P.O. Box Number is Not Acceptable)
5413 Winhawk Way

City
Lutz

FL 33549

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 Swati Jani
 Signature, typed or printed name of registered agent and title if applicable.

Swati Jani

3/2/02
 DATE

(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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Himansu Trivedi 5413 Winhawk Way Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Himansu Trivedi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02
 Date

Daytime Phone #

CR2E034 (9/01)