

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101553

1. Entity Name
MEDICAL ASSOCIATES OF POLK, P.A.

FILED
Aug 31, 2000 8:00 am
Secretary of State

02-21-2000 90022 010 ***150.00

Principal Place of Business

350 FIRST STREET
WINTER HAVEN FL

Mailing Address

350 FIRST STREET
WINTER HAVEN FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

350 First Street N.

Suite, Apt. #, etc.

350 First Street N.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33881

Country

Zip

33881

Country

4. FEI Number

59-3487632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1686 W HIBISCUS BLVD
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, GARY
350 FIRST STREET
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Johnson, Gary
350 First Street N.
Winter Haven, FL 33881 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Kollagunta Chandrasekhar
350 First Street N.
Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
James A. Nelson
350 First Street N.
Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Mahesh Allam
350 1st Street N.
Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
William Battering
350 1st Street N.
Winter Haven, FL 33881 ☐ Change ☒ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

Date

863/294-5505

Daytime Phone #

ext 227

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101553

1. Entity Name

MEDICAL ASSOCIATES OF POLK, P.A.

Principal Place of Business

350 FIRST STREET
WINTER HAVEN FL

Mailing Address

350 FIRST STREET
WINTER HAVEN FL

Attachment
20170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3487632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANCILIA, JOHN R
1686 W HIBISCUS BLVD
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

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DATE

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D President
JOHNSON, GARY
350 FIRST STREET
WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
K. Chandrasekhar, M.D.

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
James A. Nelson, M.D.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Mahesh Allam, M.D.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
William Barrio, M.D.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOC# PG 7000101553

MEDICAL ASSOCIATES OF POLK, P.A.
863-293-8336 EXT. 239
350 1ST STREET N.
WINTER HAVEN, FL 33881

20170

SUNTRUST
63-526/631

813141 12431

02/11/00

PAY TO THE
ORDER OF

Florida Dept. of State

*****150.00

\$

***** One Hundred Fifty & 00/100 Dollars

DOLLARS

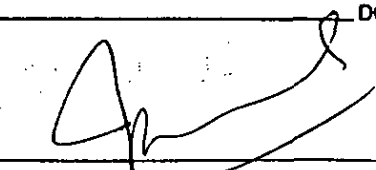
Florida Dept. of State

P.O. Box 1500

Tallahassee

FL 32302-150

MEMO



Authorized Signature

⑈012431⑈ ⑆063105269⑆0521011226916⑈

⑈0000015000⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

02/28/00

1700471644

FEB 25 2000

NATIONSBANK JAX 02/25/00
⑈063000047⑈ E1813 90 P28

6340784347

2146 78437

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796
FEB 17 2000

DOC # P97000101553
20170

August 29, 2000



Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


To Whom It May Concern:

In reference to Document # P97000101553, please find enclosed a corrected copy of form 2000 Uniform Business Report for Medical Associates of Polk, P.A., the original incorrect report and a copy of the cancelled check.

When we received the second request form today, I contacted the Division and was informed that our first report mailed on 2/11/00 had been rejected due to incomplete information. The Division mailed a correction request which we did not receive. Since the \$150 check for the original filing fee had been deposited and cleared our bank, I had no reason to question the processing of our report. Consequently, I respectfully request abatement of the \$400.00 late fee.

Please contact me at 863/294-5505 ext 227 with the disposition of this matter. Thank you for your assistance.

Sincerely,


Kim D. Kelley
Controller

350 1st Street N
Winter Haven, FL
33881

•
Phone
(883) 293-8338
Fax
(883) 293-5374

