

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101553

1. Entity Name

MEDICAL ASSOCIATES OF POLK, P.A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90123 027 \*\*\*158.75

Principal Place of Business

350 FIRST STREET N  
WINTER HAVEN FL 33881

Mailing Address

350 FIRST STREET N  
WINTER HAVEN FL 33881

2. Principal Place of Business

320 First Street N  
Suite, Apt. #, etc.

3. Mailing Address

320 East Street N  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

Zip

33881

Country

USA

City & State

Winter Haven, FL

Zip

33881

Country

USA

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

Barry W. Bennett

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

60 Second St SE

City

Winter Haven

Zip Code

33880

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 re-registering)

4/25/01

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, 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

TITLE P  
NAME JOHNSON, GARY  
STREET ADDRESS 350 FIRST STREET N  
CITY-ST-ZIP WINTER HAVEN FL 33881



TITLE V  
NAME CHANDRESCKHAR, KOLLEGUNTA  
STREET ADDRESS 350 FIRST STREET N  
CITY-ST-ZIP WINTER HAVEN FL 33881



TITLE S  
NAME NELSON, JAMES A  
STREET ADDRESS 350 FIRST STREET N  
CITY-ST-ZIP WINTER HAVEN FL 33881



TITLE T  
NAME ALLAM, MAHESH  
STREET ADDRESS 350 1ST STREET N  
CITY-ST-ZIP WINTER HAVEN FL 33881



TITLE C  
NAME BARRINGER, WILLIAM  
STREET ADDRESS 350 1ST STREET N  
CITY-ST-ZIP WINTER HAVEN FL 33881



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



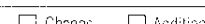
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



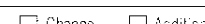
TITLE  
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CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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

4/23/01

DATE

(863) 294-5505 x287

Daytime Phone #

CR2E034 (10/00)