

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90143 011 ***150.00

DOCUMENT # P97000105292

1. Entity Name

RAGHU V DEVABHAKTUNI MD PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13908 LAKESHORE BLVD

Suite, Apt. #, etc.

3. Mailing Address

13908 LAKESHORE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON FL

Zip

34667

Country

City & State

HUDSON FL

Zip

34667

Country

4. FEI Number

59-3482342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DEVABHAKTUNI, RAGHU V

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

13908 LAKESHORE BLVD

City HUDSON

FL

Zip Code

34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/03

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEVABHAKTUNI, RAGHU V
STREET ADDRESS 13908 LAKESHORE BLVD
CITY-ST-ZIP HUDSON FL 34667

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 #

3/8/03

CR2E034B (12/02)