## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105292

1. Entity Name

RAGHU V DEVABHAKTUNI MD PA



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

03-11-2003 90143 011 \*\*\*150.00

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2. Principal Place of Business 3. Mailing Address 13908 LAKESHORE BLVD 13908 TAKES				·	****			
Suite, Apt.		13908 LAKESHORE BLVD Suite, Apt. #, etc.			$\dashv$	DO NOT WRITE IN THIS SPACE		
City & State HUDSON FL		City & State HUDSON FL			<b>4</b> . F	FEI Number         Applied For           59-3482342         Not Applicable		Applied For Not Applicable
Zip Country 34667		<sup>Zip</sup> 34667	Country		<b>5</b> . C	ertificate of Status Desired	□ \$8.7 □ \$8.7	5 Additional
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DO NOT WRITE				- Name DEVAB Street Addres	<b>HAKT</b> s (P.O. Bo	AKTUNT, RACHU V P.O. Box Number is Not Acceptable)		
IN THIS SPACE				13908 LAKESHORE BLVD				
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<ol><li>The above the obligati</li></ol>	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registere	ed office or regist	tered age	nt, or both, in the State of Florid	la. I am familiar	with, and accept
SIGNATURE _	Signature, typed or printed harmon of registered agent a	and little if applicable. (NO)	F: Registerer	d Agent signature requi	rad when rain	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				-		Election Campaign Finance     Trust Fund Contribution.		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	2794	naturalista Naturalista				
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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.

CITY-ST-ZIP

**SIGNATURE:** 

MEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03

Daytime Phone #

CR2E034B (12/