

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106074

1. Entity Name

SUMERU HEALTH CARE GROUP, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90093 039 \*\*\*150.00

Principal Place of Business	Mailing Address
13911 LAKESHORE BLVD. SUITE D HUDSON FL 34667	13911 LAKESHORE BLVD. SUITE D HUDSON FL 34667-7102

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <i>Suite J</i>	Suite, Apt. #, etc. <i>Suite J</i>
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3482509	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUTTY, MOHAN  
13911 LAKESHORE BLVD.  
SUITE B  
HUDSON FL 34667

Name
Street Address (P.O. Box Number is Not Acceptable)
<i>Suite J</i>
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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTTY, MOHAN	NAME	
STREET ADDRESS	13911 LAKESHORE BLVD., SUITE B	STREET ADDRESS	13911 Lakeshore Blvd Suite J
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTTY, SHEELA	NAME	
STREET ADDRESS	13911 LAKESHORE BLVD., SUITE D	STREET ADDRESS	13911 Lakeshore Blvd Suite J
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

CR2E034 (9/99)