

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001063

1. Entity Name

RAJ MEDICAL CONSULTANTS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90213 017 ***150.00

Principal Place of Business

8940 SE SANDCASTLE CIR
HOBE SOUND FL 33455

Mailing Address

PO BOX 3213
TEQUESTA FL 33469-1003

005934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8940 SE SANDCASTLE CIR 8940 SE SANDCASTLE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

4. FEI Number

65-0809130

Applied For

☒ Not Applicable

Zip

33455

Country

USA

Zip

33455

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RISHE, JAMES P JR
8940 SE SANDCASTLE CIR
HOBE SOUND FL 33455

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 \$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

TITLE: P (RISHE) PRESIDENT ☐ Delete
NAME: RICHE, JAMES
STREET ADDRESS: 8940 SE SANDCASTLE CIR
CITY-ST-ZIP: HOBE SOUND FL 33455

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 #

1/11/00

361-546-1117