

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006291

1. Entity Name  
ST. AUGUSTINE ADULT AND PEDIATRIC MEDICINE, P.A.



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

08-16-2000 90002 028 \*\*\*150.00

Principal Place of Business

2535 US 1 S  
STE C  
ST. AUGUSTINE FL 32086  
US

Mailing Address

PO BOX 860038  
ST. AUGUSTINE FL 32086  
US

2. Principal Place of Business

67 South Dixie Highway  
Suite, Apt. #, etc.

3. Mailing Address

3790 Coastal Highway  
Suite, Apt. #, etc.  
St. Augustine, FL

City & State

St. Augustine, FL

City & State

32084

4. FEI Number 59-3488848

Applied For

Not Applicable

Zip

32084

Country

USA

Zip

32084

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BHIDE, VANDANA Y  
2535 US 1 S  
STE C  
ST. AUGUSTINE FL 32086

Name

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

3790 Coastal Highway  
St. Augustine, FL 32084

City

St. Augustine

FL

Zip Code

32084

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 Vandana Y. Bhide Vandana Y. Bhide

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

(NOTE: Registered Agent signature required when reinstating)

8/1/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BHIDE, VANDANA Y M.D.	
STREET ADDRESS	2535 US 1 S STE C	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3790 Coastal Highway	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Vandana Y. Bhide Vandana Y. Bhide 8/1/00 904-819-0063

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
P98 00000629  
A0073074

August 1, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I just received the 2000 Uniform Business Report (Second Notice) for the corporation: St. Augustine Adult and Pediatric Medicine, P.A., Document # P98000006291. I never received a first notice of the 2000 UBR. Only recently did I receive the second notice, which was forwarded to my new office address. My office has recently moved and I regret that I did not know to notify you of my change of address. I have updated this information in the enclosed form. I assure you that I will not allow such an error to occur in the future. I called the Division of Corporations today and spoke to Steve, who instructed me to pay the \$150 filing fee and send this letter of explanation. Please do not hesitate to contact me if there are any further questions. Thank you for your understanding.

Sincerely,

*Vandana Y. Bhide*

Vandana Y. Bhide, M.D.

President

St. Augustine Adult and Pediatric Medicine, P.A.

3790 Coastal Highway

St. Augustine, FL 32084

(904) 819-0063