

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023965

1. Entity Name

ORLANDO MEDICAL GROUP, P.A.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90015 008 ***150.00

Principal Place of Business	Mailing Address
626 RENAISSANCE POINTE 205 SUITE 108 ALTAMONTE SPRINGS FL 32714 US	626 RENAISSANCE POINTE 205 SUITE 108 ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business 626 RENAISSANCE POINTE Suite, Apt. #, etc. #205	3. Mailing Address 626 RENAISSANCE POINTE, Suite, Apt. #, etc. #205
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City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL
Zip 32714	Zip 32714
Country USA	Country USA

4. FEI Number 59-3499565	Applied For Not Applicable
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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 TANGRI, RAJEEV 626 RENAISSANCE POINTE 205 ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>R. Tangri</u> Signature, typed or printed name of registered agent and title if applicable.	<u>RAJEEV TANGRI</u> (NOTE: Registered Agent signature required when reinstating)	<u>1/28/00</u> 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 NAME STREET ADDRESS CITY-ST-ZIP	D TANGRI, RAJEEV 626 RENAISSANCE POINTE, SUITE 108 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANGRI, RAJEEV 626 RENAISSANCE POINTE, #205 ALTAMONTE SPRINGS, FL - 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANGRI, RAJEEV 626 RENAISSANCE POINTE 205 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>R. Tangri</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>RAJEEV TANGRI</u> OFFICER	<u>1/28/00</u> Date	<u>(407) 260-0626</u> Daytime Phone #
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CR2E034 (9/99)