

20Q1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036732

1. Entity Name

SIVA S. GUMMADI, M.D., P.A.

Principal Place of Business

9735 SUMAC RD
#102
DES PLAINES IL 60016
US

Mailing Address

9735 SUMAC RD
#102
DES PLAINES IL 60016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUMMADI, SIVA S
2901 SW 41ST ST#3503
OCALA FL 34474

Name GUMMADI, SIVA S.

Street Address (P.O. Box Number is Not Acceptable)
156, SE 69th PLACE

City OCALA

FL

Zip Code 34480

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 X Gummadi SIVA S GUMMADI

1-22-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GUMMADI, SIVA | |
| STREET ADDRESS | 9735 SUMAC RD #102 | |
| CITY-ST-ZIP | DES PLAINES IL 60016 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GUMMADI, BHARATHI | |
| STREET ADDRESS | 9735 SUMAC RD #102 | |
| CITY-ST-ZIP | DES PLAINES IL 60016 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: X Gummadi SIVA S GUMMADI

1-22-01 847-297-1860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)