

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90047 038 ***150.00

DOCUMENT # P98000055505

1. Entity Name
AMITA KAMIREDDY, M.D., P.A.

Principal Place of Business 13005 SOUTHERN BLVD SUITE 122 LOXAHATCHEE FL 33470	Mailing Address 13005 SOUTHERN BLVD SUITE 122 LOXAHATCHEE FL 33470-9231
--	---



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0847688	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KAMIREDDY, AMITA M.D.
 13005 SOUTHERN BLVD
 SUITE 122
 LOXAHATCHEE FL 33470**

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]* DATE **3/6/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAMIREDDY, AMITA M.D. 13005 SOUTHERN BOULEVARD #122 WELLINGTON FL 33470	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 ~~is~~ empowered.

SIGNATURE: *[Signature]* DATE: **3/6/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)