

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000055505

FILED  
Mar 17, 2002 8:00 AM  
Secretary of State

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

## Current Principal Place of Business:

10131 W. FOREST HILL BLVD.  
STE. 140  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

10131 W. FOREST HILL BLVD.  
STE. 140  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 65-0847688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KAMIREDDY, AMITA M.D.  
10131 W FOREST HILL BLVD  
SUITE 140  
WEST PALM BCH, FL 33414 US

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:

03/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KAMIREDDY, AMITA M.D.  
Address: 13005 SOUTHERN BOULEVARD #122  
City-St-Zip: WELLINGTON, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: KAMIREDDY, AMITA M.D.  
Address: 10131, W FOREST HILL BLVD, STE 140  
City-St-Zip: WEST PALM BCH, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMITA KAMIREDDY MD

MGR

03/17/2002

Electronic Signature of Signing Officer or Director

Date