

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086403

1. Entity Name

ALAGUMALAI KA. SWAMMY, M.D., P.A.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90080 028 ***150.00

Principal Place of Business

3660 CNETRAL AVE
STE 14
FORT MYERS FL 33901
US

Mailing Address

3660 CNETRAL AVE
STE 14
FORT MYERS FL 33901
US

2. Principal Place of Business

3660 Central Ave

Suite, Apt. #, etc.

3. Mailing Address

3660 Central Ave

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0870328

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SWAMMY, ALAGUMALAI KA.
3660 CENTRAL AVE
STE 14
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

City

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS SWAMMY, ALAGUMALAI K
CITY-ST-ZIP 3660 CENTRAL AVE, STE 14
FORT MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(c), 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 Alagumalai Ka. Swamy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 (941) 275-6666
Date Daytime Phone #

CR2E034 (10/00)