

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018566

1. Entity Name
ALL AMERICAN INTERNIST PA

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90089 021 ***150.00

Principal Place of Business
501 S LINCOLN AVE #12
CLEARWATER FL 33756

Mailing Address
501 S LINCOLN AVE #12
CLEARWATER FL 33756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1010 E Druid Clearwater
Suite, Apt. #, etc.

3. Mailing Address
1010 East DRUID RD
Suite, Apt. #, etc.

City & State
Clearwater FL

City & State
CLEARWATER FL

4. FEI Number
59-3560993

Applied For
Not Applicable

Zip
33756

Country
Pinellas

Zip
33756

Country
Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESAI, SUKETU
501 S LINCOLN AVE #12
CLEARWATER FL 33756

Name
DESAI SUKETU
Street Address (P.O. Box Number is Not Acceptable)
1010 E. DRUID ROAD
City Clearwater FL Zip Code 33756

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D DESAI, SUKETU MD 7593 ARAIA WAY LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition
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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: RESUKETUK. Desai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/00 (727) 441-3415

CR2E034 (5/00)



ALL AMERICANS' INTERNISTS

Attachment
Doc # ~~790000~~ 18566
AD071870

SUKETU K. DESAI, M.D.

BOARD CERTIFIED
INTERNAL MEDICINE

7/31/00

FLORIDA DEPT of STATE
DIVISION OF CORP.
2000 Uniform Business Report

Dear Sir/Madam,

This is to notify you that
We never received First Notice from you as our
Address was changed to 1010 East DRUID Rd from
Clearwater FL 33756

501 S. Linden Av. So we will be thankful to you
if you accept 150.00\$ for Fee. We are sending
you as soon as we received your letter.

Thanking you.

Yours. Dr. Suketu Desai

All American's Internists, PA
1010 East Druid Rd
Clearwater, FL 33756

24-hr Answering Svc 727-461-7474

Appointment given in 24 hrs