

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075038

1. Entity Name

GURKIRPAL S. SHERGILL, M.D., P.A.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90170 039 ***150.00

Principal Place of Business

4011 HWY. 27 N.
SUITE 2
HAINES CITY FL 33844

Mailing Address

4011 HWY. 27 N.
SUITE 2
HAINES CITY FL 33844

2. Principal Place of Business

120 Patterson Rd

Suite, Apt. #, etc.

3. Mailing Address

120 Patterson Rd

Suite, Apt. #, etc.

City & State

Haines City, FL
33844

City & State

Haines City, FL
33844

4. FEI Number

59-3595579

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERGILL, GURKIRPAL S
4011 HWY. 27 N. 120 Patterson Rd.
HAINES CITY FL 33844

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: SHERGILL, GURKIRPAL S M.D.
STREET ADDRESS: 4011 HWY. 27 N. 120 Patterson
CITY-ST-ZIP: HAINES CITY FL 33844 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
NAME: Shergill, Gurkirpal M.D.
STREET ADDRESS: 120 Patterson Rd
CITY-ST-ZIP: Haines City, FL 33844 Change AdditionTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: DeleteTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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:

Gurkirpal S. Shergill, M.D.

3/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REC'D BY
SAC/DOJ

CR2E034 (9/01)