

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90170 039 ***150.00

AS
 ASSOCIATION

DOCUMENT # P99000075038

1. Entity Name
GURKIRPAL S. SHERGILL, M.D., P.A.

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.



DO NOT WRITE IN THIS SPACE

City & State

Haines City FL

Zip
33844

Country
USA

City & State

Haines City, FL

Zip
33844

Country
USA

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

Gurkirpal S. Shergill

(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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

☐ **Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Shergill, Gurkirpal S M.D.
120 Patterson Rd
Haines City, FL 33844

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **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:

Gurkirpal S. Shergill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)