

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **09000086311**

1. Entity Name

CENTRAL FLORIDA CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business

**2101 SW 20TH PLACE
OCALA, FL 34474**

Mailing Address

**2101 SW 20TH PLACE
OCALA, FL 34474**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**RAMULU ELIGETI
307 SW 14TH STREET
OCALA, FL 34474**

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)

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, 2000 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 **PRES** ☐ Delete
NAME **J. ROBERT MCGHEE**
STREET ADDRESS **2101 SW 20TH PLACE**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **VP** ☐ Delete
NAME **RAMULU ELIGETI**
STREET ADDRESS **307 SW 14TH STREET**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **S/T** ☐ Delete
NAME **CHANDRANATH L. DAS**
STREET ADDRESS **2101 SW 20TH PLACE**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. ROBERT MCGHEE

Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State

03-29-2000 90038 029 ***150.00

06-06-2000 90484 020 ***150.00

00056931

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3627265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)