

# 600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095721

Entity Name

DIPTI MEHTA, M.D., P.A.

FILED

Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90024 049 \*\*\*150.00

Principal Place of Business

4931 MILE STRETCH DRIVE  
HOLIDAY FL 34690

Mailing Address

4931 MILE STRETCH DRIVE  
HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3606150

Applied For

Not Applicable

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

MEHTA, DIPTI  
4931 MILE STRETCH DRIVE  
HOLIDAY FL 34690

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 \$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

TITLE	President	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dipti Mehta, MD	
STREET ADDRESS	4931 Mile Stretch Drive	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 12, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*D Mehta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIPTI MEHTA, MD.

9/8/00

CR2E034 (5/00)

DIPTI MEHTA , M.D.  
4931 MILE STRETCH DRIVE  
HOLIDAY, FLORIDA 34690  
727-934-8851 PHONE  
727-934-8451 FAX

attachment  
P99000095721  
A0079102

9-12-2000

THE ORIGINAL LETTER AND THE CHECK WAS SENT ON 9/8/2000. FOR SOME UNKNOWN  
REASON THE CHECK WAS RETURNED TO ME VIA THE POST OFFICE, BUT THE LETTER OR THE  
ENVELOPE WAS NOT RETURNED. PLEASE ACCEPT THIS PAYMENT. I HAVE SPOKEN WITH SHAWN  
GREEN IN THE OFFICE OF THE UNIFORM BUSINESS REPORT AND EXPLAINED THE SITUATION TO  
HIM. ENCLOSED YOU WILL FIND ALL COPIES OF THE UNIFORM BUSINESS REPORT AS WELL AS A  
LETTER FROM THE ACCOUNTANT EXPLAINING THE PREVIOUS SITUATION. ALSO ENCLOSED IS  
THE ENVELOPE IN WHICH THE CHECK WAS RETURNED TO ME

THANK YOU IN ADVANCE,



D. MEHTA M.D. P.A.