

06/30/01 10:05 FAX 941 366 2995

CAVANAUGH & CO.

05-23-2001 91163 040 *****61.25

FILE#P99000109510

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 PM 2:53

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109510

1. Entity Name

JAY RAJA, M.D., P.A.

Principal Place of Business

800 EAST PINE STREET
UNIT 215
ENGLEWOOD FL 34223

Mailing Address

800 EAST PINE STREET
UNIT 215
ENGLEWOOD FL 34223

770962

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 65-0869019

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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) ☐10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	RAJA, JOY	RAJA, JAY	☐ Delete
NAME		7200 NANASOGA KEY ROAD	MANA SOTA	
STREET ADDRESS		ENGLEWOOD FL 34223	KEY ROAD	
CITY-ST-ZIP				

TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			☐ Delete
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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		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied via 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 registered or trusted 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

Date

Domestic Phone #