

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90045 007 ***150.00

DOCUMENT # S68527

1. Entity Name

RASHMI J. CHOBE, M.D., P.A.

Principal Place of Business

**4890 NORTHFORD PLACE E.
JACKSONVILLE FL 32257**

Mailing Address

**833 BUGLE BRANCH WAY
JACKSONVILLE FL 32259**

2. Principal Place of Business

833 BUGLE BRANCH WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

4. FEI Number

59-3079763

Applied For

Not Applicable

Zip

Country

32259**U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

**CHOBE, RASHMI J.
3599 UNIVERSITY BLVD. S.
SUITE 1500
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

CHOBE, RASHMI J.

Street Address (P.O. Box Number is Not Acceptable)

833 BUGLE BRANCH WAY

City

JACKSONVILLE**FL**

Zip Code

32259

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, 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	D	<input type="checkbox"/> Delete
NAME	CHOBE, RASHMI J.	
STREET ADDRESS	4890 NORTHFORD PLACE E	
CITY-ST-ZIP	JACKSONVILLE FL	

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
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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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOBE, RASHMI J	
STREET ADDRESS	833 BUGLE BRANCH WAY	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32259	

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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rashmi J. Chobe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

904-318-2802

Daytime Phone #

CR2E034 (9/01)