2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90039 015 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # S78251

1. Entity Name
CARROLLWOOD SURGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
3709 W HAMILTON AVE. SUITE 7 TAMPA FL 33614	3709 W HAMILTON AVE. SUITE 7 TAMPA FL 33614

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 59-3084472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, SHARAD I., M.D.
3709 W HAMILTON AVE.
SUITE 7
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name: PATEL SHARAD I. M.D.
Street Address (P.O. Box Number is Not Acceptable): 7171 North Dale Mabry Ste402
City: TAMPA FL Zip Code: 33614

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] 4-12-01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PATEL, SHARAD I. MD 3709 W HAMILTON AVE #7 TAMPA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATEL SHARAD MD 7171 N Dale Mabry #402 TAMPA FL 33614 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PATEL, RAVINDRA R. MD 3709 W HAMILTON AVE #7 TAMPA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATEL, RAVINDRA MD 7171 N Dale Mabry #402 TAMPA FL 33614 ☒ Change ☐ Addition
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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] 4-12-01 813-9333324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)