

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18574

1. Entity Name

DWARKA NATH, M.D., P.A.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90027 036 \*\*\*150.00

Principal Place of Business

Mailing Address

1201 5TH AVE N  
STE 411  
ST PETERSBURG FL 33705  
US

1201 5TH AVE N  
STE 411  
ST PETERSBURG FL 33705-1433  
US

2. Principal Place of Business

1210 16th Street N

3. Mailing Address

1210 16th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St Petersburg FL

City & State  
St Petersburg FL

4. FEI Number 59-3110679

Applied For  
Not Applicable

Zip 33705

Country Pinellas

Zip 33705

Country Pinellas

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

NATH, DWARKA  
1201 FIFTH AVENUE NORTH  
STE 411  
ST. PETERSBURG FL 33705

Name Nath, Dwarka  
Street Address (P.O. Box Number is Not Acceptable)  
1210 16th St N  
City St Petersburg FL Zip Code 33705

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  
NAME NATH, DWARKA G  
STREET ADDRESS 1201 5TH AVE, NORTH #411  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE PCEO  
NAME Nath, Dwarka G  
STREET ADDRESS 1210 16th St N  
CITY-ST-ZIP St Petersburg FL 33705 ☒ Change ☐ Addition

TITLE T  
NAME NATH, ARCELI  
STREET ADDRESS 1201 5TH AVE N STE 411  
CITY-ST-ZIP ST PETERSBURG FL 33705 ☐ Delete

TITLE T  
NAME Nath, Arcele  
STREET ADDRESS 1210 16th St N  
CITY-ST-ZIP St Petersburg FL 33705 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

DWARKA G. NATH MD - 26-2070  
PRESIDENT

Date

Daytime Phone #

727-822-3319

CR2E034 (9/99)