

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90406 011 \*\*\*150.00

**DOCUMENT # V73326**

1. Entity Name

JAYENDRA CHOKSI, M.D., P.A.

R

Principal Place of Business

Mailing Address

2630 W. WATERS AVE.  
TAMPA FL 33614

2630 W. WATERS AVE.  
TAMPA FL 33614-1835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0360885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, SANDIP  
122 S. HOWARD AVE.  
TAMPA FL 33606

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 \$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  
NAME D CHOKSI, JAYENDRA ☐ Delete  
STREET ADDRESS 2630 WEST WATERS AVE.  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME D. CHOKSI, SHAILA ☐ Change ☒ Addition  
STREET ADDRESS 2630 W. WATERS AVE  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

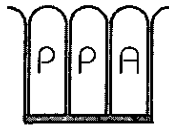
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00

813 930 9310



Attachment  
D0068459  
Dt# V73326

# Professional Psychiatric Associates

**Jayendra Choksi, M.D.**

Diplomate, American Board of Psychiatry & Neurology (ABPN) in Psychiatry  
Diplomate, ABPN in Geriatric Psychiatry  
Diplomate, ABPN in Addiction Psychiatry  
Diplomate, American Board of Quality Assurance and Utilization Management

**June 28, 2000**

**Florida Department of State  
Division of Corporations  
P.O. 6327  
Tallahassee, FL 32314**

**To Whom It May Concern:**

***I am in receipt of your letter with returned check #4893, dated 4/17/00, in the amount of \$150.00.***

***I see nothing wrong the way the check is written. Therefore I am sending it back as advised by Kristen at 805-487-6059, extension 2. I cannot explain to you the reason why I did not receive the check until June 20, 2000.***

***If you have any questions, please do not hesitate to contact me.***

**Sincerely,**

  
**Jayendra Choksi, M.D.**

**JC/lef**