

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90021 001 ***150.00

DOCUMENT # 581008

1. Entity Name
KOZHIMALA T. JOHN, M.D., P.A.



Principal Place of Business

1870 FT.KING ROAD
P.O. BOX 1617
ZEPHYRHILLS, FL 33539

Mailing Address

1870 FT.KING ROAD
P.O. BOX 1617
ZEPHYRHILLS, FL 33539

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1829206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN, K.T.
1870 FT.KING ROAD
ZEPHYRHILLS, FL 33541

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOHN, KOZHIMALA T.
STREET ADDRESS 6340 FORT KIND RD
CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K.T. John, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

Date

(813)782-6116

Daytime Phone #