

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McInam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **670787** (1)

1. Corporation Name  
**RAJNIKANT A. PATEL, M.D., P.A.**



Principal Place of Business: **12650 MANDARIN RD JACKSONVILLE FL 32223 US**  
Mailing Address: **12650 MANDARIN RD JACKSONVILLE FL 32223 US**

3. Date Incorporated or Qualified: **05/21/1980** 3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **59-2009630** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **12650 MANDARIN RD JACKSONVILLE FL 32223 US**  
2a. Mailing Address: **12650 MANDARIN RD JACKSONVILLE FL 32223 US**  
21. State, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Zip: Country:

**9. Name and Address of Current Registered Agent**

**WALKER, JAMES V.  
4655 SAILSBURY ROAD SUITE #390  
QUADRANT 11 AT SOUTH POINT  
JACKSONVILLE FL 32256**

**10. Name and Address of New Registered Agent**

81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1. TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>PATEL, RAJNIKANT A</b>	1.2 NAME	
3. STREET ADDRESS	<b>12650 MANDARIN ROAD</b>	1.3 STREET ADDRESS	
4. CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY - ST - ZIP		2.4 CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *R. A. Patel* **R. A. PATEL M.D.** 1/26/96 904-262-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

CR2E034 (12/95)