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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

•	1996	DIVISION OF					
DOCUN I. Corporation	MENT # <b>F7286</b>	66 (9)	·				
CARDI/	AC CLINIC OF SUNIL M. H	(AKKAR, M.D., P.A.					
Principal Place	of Business	Mailing Address			C SOUTH THE THE TOTAL TOUR DESIGNATION OF THE CONTRACT OF THE	#301 #1#14 #4#11 <b>#</b> 1#	II BIBII BIBII BIBII
445 W. OAK ST.		445 W. OAK ST.					
KISSIMMEE F	L 34741-6627	KISSIMMEE FL 34741-	6627				
					3. Date Incorporated or Qualified 03/16/1982	3a. Date of <b>06/0</b>	ast Report 2/1995
2. Frincipa' Place of Business		2a. Mai'ing Address		4. FET Number 59-2180685		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #. etc.					Not Applicable  8.75 Additional
2]	, etc.	27			5. Certificate of Status Desired		Fee Required
City & State		City 8 State	• • •	***	6. Election Campaign Financing		\$5.00 May Be
3]	••••	28	т		Trust Fund Contribution		Added to Fees
Zip I	Country <b>25</b>	Zip <b>29</b>	Country 30	í	8. This corporation has liability for in Florida Statutes X Yes		nder s. 199.032,
	9, Name and Address of Curre		[30]		10. Name and Address of New Re		nt
		<del></del>	81	Name			
KAKKAR, SUNIL M MD 5542 OSPREY ISLE LANE				Street Addr	ddress (P.O. Box Number is Not Acceptable)		
ORLAND	O FL 32819		83				
	o the provisions of Sections 607.050	02 and 607.1508, Florida Statut	84 les, the above	'	ration submits this statement for the pury	<u> </u>	5 Zip Code  ng its registered officistered agent. Lam
Pursuant t or register familiar wit	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo h, and accept the obligations of, Sec Signam, typed or primed name of registered age			named corpor poration's boar	ration submits this statement for the pury rd of directors. Thereby accept the appo	<u> </u>	
Pursuant to register familiar with signature  2.	Signature, typed or printed name of registered age OFFICERS AI	nt and tile it applicación (IV) ND DIRECTORS	les, the above ged by the corp s. DIE Regeleted Age	named corpor poration's boar		pose of changi bintment as reg DATE CERS AND DIF	ig its registered officistered agent. I am
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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 it 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 on an all achieve with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR