**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # E70066

1. Corporation	C CLINIC OF SUNIL M. KAN	(Kar, M.D., P.A.					
Principal Place of Business Mailing Address							
445 W. OAK ST. 445 W. OAK ST.							
KISSIMMEE FL 34741-6627 KISSIMMEE FL 34741-6627			,			DO NOT WRITE IN THIS SPACE	
						Date Incorporated or Qualifed	
						03/16/1982	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-2180685 Not Applica	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional	
22		27				5. Certificate of Status Desired  Fee Required	_
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	ţ	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangitale Personal Property Tax. Yes No	
24	25	29	30			Toronar Topolty Tun.	-
	9. Name and Address of Currer	t Registered Agent		81	Name	10. Name and Address of New Registered Agent	
KAK	KAR, SUNIL M MD				Name		
	OSPREY ISLE LANE			82	Street Addre	dress (P.O. Box Number is Not Acceptable)	
	ANDO FL 32819			83			
J						,	
				84	City	FL 85 Zip Code	- [
44 Dumunt	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	tes the a	hove	named corps	oration submits this statement for the purpose of changing its registere	<del>a</del>
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	Бу	the corporation	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	- }
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, FI	orida Stati	utes.	•	2/11/06	- [
SIGNATURE	Shanature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agen	t signature required	d when reinstating) DATE	
12.	1	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	☐ DELETE	1.1 TI	ſLΕ		Change Add	ition
NAME	KAKKAR, SUNIL M.		1.2 NA	ME		•	
STREET ADDRESS	5542 OSPREY ISLE LANE		1.3 ST	REET	T ADDRESS		
CITY-ST-ZIP	Orlando fl		1.4 CI	1.4 CITY-ST-ZIP			
TITLE	D DELETE 2.1		2.1 11	ne.		☐ Change ☐ Ado	ition
NAME.	KAKKAR, SUNIL M. 2.		2.2 NA	ME			1
STREET ADDRESS	TE IA GODDEN IOLE LAND		2.3 ST	REET	ADDRESS	والمراجعين المستجدر الرعوب البراسي	- [-
CITY-ST-ZIP	ORLANDO FL		2.4 C	2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	ELETE 3.1 TITL			☐ Change ☐ Ado	lition )
NAME		3.2		WE.			
STREET ADDRESS	DDRESS		3.3 S1	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Ado	lition {
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET	TADDRESS		
CITY-ST-ZIP			4.4 CI	TY-\$	T- ZIP		
TITLE			- 1	5.1 TITLE		☐ Change ☐ Ado	ntion
NAME			5.2 N/				
STREET ADDRESS					TADDRESS		
CITY-ST-ZIP			5.4 CI		T-ZIP		1745
TITLE		☐ DELETE	6.1 Tr			☐ Change ☐ Add	IIION
NAME				6.2 NAME		· ·	-
STREET ADDRESS			6.3 ST	REET	T ADDRESS		- 1

14. 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 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90007 011 \*\*\*150.00