FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 27 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G72737 (1)

1. Corporation Name
JOSHI & VIRALAM, M.D.S, P.A.

Principal Place of Business
POST OFFICE BOX 078555
1300 N. FLAGLER DR., SUITE 229
WEST PALM BEACH FL 33401

Mailing Address
POST OFFICE BOX 078555
1300 N. FLAGLER DR., SUITE 229
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1983
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 1300 N. FLAGLER DR.
Suite, Apt. #, etc.
22 SUITE 229
City & State
23 WEST PALM BEACH
Zip 24 FLA
Country 25 33401

2a. Mailing Address
26 P.O. BOX 8555
Suite, Apt. #, etc.
27 WEST PALM BEACH
City & State
28 FLORIDA
Zip 29 33407
Country 30

4. FEI Number: 59-2161564 — Applied For ☐ Not Applicable ☐

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

6. Electronic Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
JOSHI, ASHOK
1300 NORTH FLAGLER DR.
SUITE 229
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: [illegible]

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOSHI, ASHOK
STREET ADDRESS	1300 N. FLAGLER DR. #229
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	ST
NAME	VIRALAM, GUNDANNASETTY
STREET ADDRESS	1300 N FLAGLER DR #229
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, and upon my voluntary furnishing and filing of this report to qualify for the corporate tax [illegible] I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall be in the same capacity as I have made to appear on Block 12 or Block 13 and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, pertaining to registered agents.

SIGNATURE: [signature] 2-22-95 407-650-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0242613 CP