## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G72737

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

(1)

FILED
May 08 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 1300 N FLAGLER DR P O BOX 8555 SUITE 229 1300 N. FLAGLER DR., SUIT WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401											
US				US				3. Date Incorporated or Qualified 12/02/1983		te of Last Re 31/1996	eport
Principal Place of Business     1			2a. 26	2a. Mailing Address 26			4. FEI Number 59-2161564			oplied For ot Applicable	
Suite Apt. #, etc.			27				5. Certificate of Status Desired		\$8.75 A		
City & Stat	te		28	City & State				Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added t	
Zip 24		Country 25	29	Zip	30 Co	ountry		This corporation has liability for Florida Statutes	intangible Yes		199.032,
	9. Name	and Address of Currer	t Regis	tered Agent		T		10. Name and Address of New Re	gistered /	\gent	
JOS	SHI, ASHO	K				81	Name				
1300 NORTH FLAGLER DR. SUITE 229						82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
		BEACH FL 33401				83				······································	
						64	City		FL	85 Zip (	Code
office or agent. La	registered a am familiar w	sions of Sections 607,050 gent, or both, in the State with, and accept the obligity dorprotections of registered agr	of Flori ations o	da. Such change was a f, Section 607.0505, Flo	authoriza orida Sta	ed by atutes	named corporation the corporation is signature require	oration submits this statement for the pon's board of directors. I hereby acceptions are the properties of the propertie	DATE	changing it	registered
12.		OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFIC			S IN 12
TiTLE	PO			☐ DELETE	1.1 T	TITLE				Change	☐ Addition
NAME	JOSHI, A				1.21	NAME	- : I				
STREET ADDRESS		FLAGLER DR. #229			1.3 5	STREET	ADDRESS				
CITY - ST - ZIP	WEST P	ALM BEACH FL			1.4 (	CITY-S'	T-ZIP				
TITLE	ST			DELETE	2.1 7	TITLE				Abanas	Addition
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14. I do 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 supplymental 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 inceiver 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 of an attack mant famous a dress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

4.28 .97. 561.650.6060

Daytime Phone #