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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

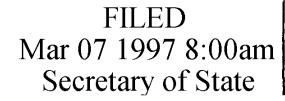
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37379

(9)

SHOK		MODH,	M.D.,	P.A.			
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Principal Place of Bus 2810 WEST WATERS AV TAMPA FL 33614		Mailing Address 2810 WEST WATERS AV TAMPA FL 33614-1853	ENUE				
					3. Date Incorporated or Qualified 12/15/1989	3a. Date of t	
2. Principal Place of E	Business	2a. Mailing Address			4. FEI Number 65-0173173		Applied For Not Applicable
Suite, Apt #, etc	4,4	Suite, Apt. #, etc.		<del></del>	Certificate of Status Desired	1 1 *-	i.75 Additional
City & State		City & State		····	6. Election Campaign Financing	<del></del>	5.00 May Be
23		28	1 6		Trust Fund Contribution	A	dded to Fees
Zip <b>24</b>	Country 25	Zip   29	Counti	′у.,	8. This corporation has liability for Florida Statutes	intangible tax ur Yes  No	
	ame and Address of Current		1301		10. Name and Address of New Re		
MODH, ASH			8	Name	Mile	,	
2810 W WA	ITERS AVE		B	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
TAMPA FL	33614					·	
	ર્થ કે કે જાણાવે		8	5			
	大學 镇		8-	4 City		FL 85	Zip Code
11. Pursuant to the or	ov sions of Sections 607 0502	and 607 1508. Florida Stat	tutes the abo	ve-named corr	poration submits this statement for the r		ging its registered
office or registere	d agent, or both, in the State of	f Florida, Such change wa	s authorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointme	ent as registered
1	si with and account the obligat	ions of, execution our .0000,	i iorida otatoti	<b>73</b> .			
SIGNATURE Signature	typed or prefed name of registered agent			gent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
THE D	I, ASHOK K MD	☐ DELETE	1.1 (())			∐ CI	hange L Addition
0040	W WATERS AVE		1.2 NAME	ET ADDRESS			
STREET ADDRESS   Z810   TAMP			1.4 GITY	1			
TITLE D		DELETE	21 TITLE				hange Addition
	LIYA, NAISHADH MD		22 NAMI				
STREET ADDRESS 2810	W. WATERS AVE.		2.3 STRE	FT ADDRESS			
DITY-ST-ZIP TAMP	A FL 33618		2. 4 CITY				
701F		☐ DELETE	3.1 TITLE	<b>I</b>		□ c	hange
N4ME			3.2 NAM	·			
STREET ADDRESS				ET ADDRESS			
C-TY - ST - ZIP		DELETE	3.4. CITY 4.1 TITLE	-		□ c	hange Addition
NAVE		C Metite	4.1 IIILE 4.2 NAM			V	- Indian
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			4.4 CITY				
Title		DELETE	5.1 TITLE			□ C	hange Addition
NAME			5.2 NAM	.			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CHTY - ST - ZIP			5.4 CITY	ST-ZIP			
TITLE		DELETE	61 TITLE			□ c	hange Addition
NAME	· 1.		62 NAM	Ε [			
STREET ADDRESS	5,4		63 STRE	ET ADDRESS			
CITY-S1-7iP			64 CITY	ST-ZIP			

14. It 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 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Davime Phone #