2004 FOR PROFIT CORPORATION

Secretary of State SAROJA SUNTHARAM, M.D., P.A. Principal Place of Business 720 SOUTHWEST 2ND AVENUE, SUITE 503 GAINESVILLE FL 32601-6250 Suite, Apt. #, etc. Mailing Address 720 SOUTHWEST 2ND AVENUE, SUITE 503 GAINESVILLE FL 32601-6250 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For		ANNUAL R	EPORT (AR)	_		FILED
TOO SOUTHWEST 2ND A VENUE, SUITE SOS GAINESY/LLE FL 2601-6250 Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. City & State	1. Entity Nam	ne				Jan 28, 2004 08:00 AM Secretary of State
Suite	720 SOUTH	WEST 2ND AVENUE, SUITE 503	720 SOUTHWEST 2ND		£ 503	
City & State Country	2. Principal Place of Business		3. Mailing Address			
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
S. Certificate of Status Desired For Proceedings For Proceedings For Procedings For	City & State		City & State			4. FEI Number 59-2907225 Applied For Not Applicable
SAROJA SUNTHARAM, M.D. 720 S.W. 2ND AVE SUITE 503 GAINESVILLE FL 32601 Street Address (P.O. Box Number is Not Acceptable) FL	Zip	Country	Z _i p	Country		
SAROJA SUNTHARAM, M.D. TZO S.W. 2ND AVE SUITE 503 GAINESVILLE FL 32601 City FL City FL Zip Code City FL Zip Code 1. The above named entity submits this statement for the purpose or changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered signer. SIGNATURE SIGNATURE SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNAMA, SAROJA SINTHARAM,		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
SUM 2 NO AVE SUILE FL 32601 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Segment from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Segment from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Segment from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SVE	M MARAHITHARAM M.D.		Name		
City	720	S.W. 2ND AVE		Street /	Address (f	(P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature				ļ		
SIGNATURE FILE NOW!!! FEE IS \$150.00 Alter May 1, 2004 Fee will be \$550.00 In ILE SINTHARAM, SAROJA SIRET ALDRESS SIRE				1		FL
Separation: Injury of the printed reverse against and like to printed harmon of regressive against separative receivable where interestancy) DATE	the obligat	named entity submits this statement to ions of registered agent.	the purpose of changing its f	egistered office o	r register	red agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE.	Signature, typed or printed name of registered agent a	nd tille if applicable (NOTE	Registered Agent signa	inte techneq	f when reinstating) DATE
ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD	Afte	r May 1, 2004 Fee will be \$550.00	State			
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SUNTHARAM, SAROJA 720 SW 2ND AVE. #503	☐ Defete	name Street audress		— · —
NAME STREET ADDRESS CITY- ST- ZIP UTLE NAME STREET ADDRESS	NAME STREET ADDRESS	SUNTHARAM, SAROJA 720 SW 2ND AVE. #503	□ Dejete	name Street address		☐ Change ☐ Addition
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NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	name Street audress		☐ Change ☐ Addition
	NAME STREET ADDRESS		☐ Delete	name Street address		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonio Entham

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 24104 (352) 375-675.5