

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M83425**

Entity Name

**SAROJA SUNTHARAM, M.D., P.A.**



Principal Place of Business

**720 SOUTHWEST 2ND AVENUE, SUITE 503  
GAINESVILLE FL 32601-6250**

Mailing Address

**720 SOUTHWEST 2ND AVENUE, SUITE 503  
GAINESVILLE FL 32601-6250**



Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2907225**

Applied For  
Not Applied

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAROJA SUNTHARAM, M.D.  
720 S.W. 2ND AVE  
SUITE 503  
GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May:**  
Trust Fund Contribution. ☐ **Added to Fees**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PVD  
SUNTHARAM, SAROJA  
720 SW 2ND AVE. #503  
GAINESVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add  
**U00000396707**  
**01/30/06-80021-002 150.00**

TS  
SUNTHARAM, SAROJA  
720 SW 2ND AVE. #503  
GAINESVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information contained 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Saroja Suntharam

1/18/06 (352) 375-6755