2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000065653

1. Entity Name

KATHARIGUPPA VENKATARAM, M.D., P.A.



FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90665 022 ***150.00

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Principal Place	e of Business	Mailing Address			
15937 N. FLORIDA LUTZ FL 33549		12404 MAIDSTONE CT. ODESSA FL 33556			
			-		TIP CHICK PARA JULAN II INN
2. Principal Place of Business ACRYSTM_ CROVE BLVD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
LUTZ State	FL	City & State		4. FEI Number 59-3647698	Applied For Not Applicable
33548	Country	Zip	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Curren	t Registered Agent	Neme	7. Name and Address of New Registered Agent	
	IKATARAM, KATHARIGUPI 04 MAINDSTONE CT.	PA .	Name Street Addre	(P.O. Box Number is Not Acceptable)	
ODESSA FL 33556					
			City	FL	Zip Code
8. 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.					
	ons or registered agent.				
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature re	quired when roinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AN	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	VENKATARAM, KATHARIGUPPA 12404 MAINDSTONE CT	1	NAME STREET ADDRESS		`
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NAME			NAME CYCLET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. I hereby o	Lcertify that the information supplied w	ith this filing does not qualify fo	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certi	fy that the information
indicated of the cor	on this report or supplemental report	is true and accurate and that powered to execute this repor	my signature shall have t as required by Chapte	the same legal effect as if made under oath; that I ar r 607, Florida Statutes; and that my name appears in	m an officer or director