

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128906

FILED
May 01, 2006
Secretary of State

Entity Name: PRAKASH KALAN, M.D., P.A.

Current Principal Place of Business:

10454 BIG TREE CT
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2846
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 03-0497816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALAN, PRAKASH M.D.
10454 BIG TREE CT
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KALAN, PRAKASH M.D.
Address: 10454 BIG TREE CT
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KALAN, PRAKASH M.D.
Address: 10454 BIG TREE CT
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. PRAKASH KALAN

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date