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Secretary of State

03-05-1999 90093 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000023831

1. Corporation Name
HITEN KISNAD, M.D., P.A.



Principal Place of Business: 13126 BRIANS CREEK DR JACKSONVILLE FL 32224 US
 Mailing Address: 13126 BRIANS CREEK DR JACKSONVILLE FL 32224 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4159 PALOMA POINT CT. Suite, Apt. #, etc. 22
 City & State: 23 JACKSONVILLE, FL Zip: 24 32217 Country: 25
 2a. Mailing Address: 26 4159 PALOMA POINT CT. Suite, Apt. #, etc. 27
 City & State: 28 JACKSONVILLE, FL Zip: 29 32217 Country: 30

3. Date Incorporated or Qualified: 03/24/1995
 4. FEI Number: 59-3308189 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
ALLEN, BRINTON & SIMMONS, P.A.
 ONE INDEPENDENT DR.
 SUITE 3200
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 81 Name: **HITEN KISNAD, M.D.**
 82 Street Address (P.O. Box Number is Not Acceptable): **4159 PALOMA POINT COURT**
 83
 84 City: **JACKSONVILLE FL** 85 Zip Code: **32217**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **HITEN KISNAD, M.D.** Date: **02-10-1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITEN KISNAD	1.2 NAME	
STREET ADDRESS	13126 BRIANS CREEK DR	1.3 STREET ADDRESS	4159 PALOMA POINT CT.
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **HITEN KISNAD, M.D.** Date: **02-10-1999**
Signature and typed or printed name of signing officer or director

CR2E034 (1/98)

(904) 346-2520
 (904) 730-7377