


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90043 015 \*\*\*150.00

DOCUMENT # P98000013627			
1. Entity Name AMIT I. SHAH, M.D., P.A.			
Principal Place of Business 4420 SUN N LAKE BLVD SEBRING, FL 33872		Mailing Address 4420 SUN N LAKE BLVD SEBRING, FL 33872	
2. Principal Place of Business - No P.O. Box # <i>same</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0826332		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LECONY, SCOTT R 425 S COMMERCE AVENUE SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE: <u>Scott Leconey</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/27/08</u>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAH, AMIT I 4420 SUN N LAKE BLVD SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAH, PARUL 4420 SUN N LAKE BLVD SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKMED, SYED 4420 SUN N LAKE BLVD. SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Pamulashah</u>		Date: <u>7/27/08</u> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40112436

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DIVISION OF CORPORATIONS



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Document Number **P98000013627**

Business Entity Name AMITI. SHAH, M.D., P.A.

Prior notice was *Received did not receive prior notice.*

FEI Number 650826332

FEI Number Status

Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

#### Principal Place of Business

Address 4420 SUN N LAKE BLVD

City, State SEBRING, FL

Zip Code & Country 33872

#### Mailing Address

Address 4420 SUN N LAKE BLVD

City, State SEBRING, FL

Zip Code & Country 33872

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) LECONEY, SCOTT , R

Address 425 S COMMERCE AVENUE

City, State SEBRING, FL

Zip Code & Country 33870 US

Registered Agent Signature SCOTT R LECONEY

#### Officer/Director Name And Address

# ATTACHMENT

40112436  
# P98000013627

### Name And Address #1

**Title** PD  
**Name (Last, First, Middle, Title)** SHAH, AMIT , I  
**Street Address** 4420 SUN N LAKE BLVD  
**City, State** SEBRING, FL  
**Zip Code & Country** 33872

### Name And Address #2

**Title** ST  
**Name (Last, First, Middle, Title)** SHAH, PARUL  
**Street Address** 4420 SUN N LAKE BLVD  
**City, State** SEBRING, FL  
**Zip Code & Country** 33872

### Name And Address #3

**Title** PD  
**Name (Last, First, Middle, Title)** AKMED, SYED  
**Street Address** 4420 SUN N LAKE BLVD.  
**City, State** SEBRING, FL  
**Zip Code & Country** 33872

**Title** MD  
**Officer/Director Signature** AMIT I SHAH

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