## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

		200000400400	
DOCL	JMENI#1	98000103439	

1. Entity Name

MALLIK A. PIDURU, M.D., P.A.



Principal Place of Business

7515 STATE RD 52 SUITE 102 HUDSON, FL 34667 Mailing Address

7515 STATE RD 52 SUITE 102 HUDSON, FL 34667



02022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3550468 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PIDURU, MALLIK A 7515 STATE RD 52 SUITE 102 HUDSON, FL 34667

## DO NOT WRITE IN THIS SPACE

HODGON, I'E GAGGI					
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent elignatur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIDURU, MALLIK A M.D. 7515 STATE RD 52, STE 102 HUDSON, FL 34667				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		į		DO	NOT WRITE
TITLE NAME STREFT ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		U00000753087 05/22/07-80005-023 150.00
TITLE NAME STREET ADDRESS			,		Control (1) Applied to the Control of the Control o

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: 2

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-863-0008

Daytime Pho