

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnis
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:56

DOCUMENT # F39480 (1)

1. Corporate Name

LAKSHMAN P. WEERASOORIYA, M.D., P.A.

Principal Place of Business

Mailing Address

**1861 PLACIDA RD
SUITE 202
ENGLEWOOD FL 34223**

**1861 PLACIDA RD
SUITE 202
ENGLEWOOD FL 34223**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified

06/01/1981

3a. Date of Last Report

06/13/1994

4. FFI Number

59-2095503

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 has liability for intangible tax under S. 193.042,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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State Apt # etc

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State Apt # etc

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City & State

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City & State

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Zip

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County

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Zip

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County

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEERASOORIYA, LAKSHMAN
1861 PLACIDA RD SUITE 202
ENGLEWOOD FL 34223**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. I, signed as the president or secretary of the corporation, and I am a resident of the State of Florida, hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida, and I am a resident of the State of Florida.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

12. Name and Address of Registered Agent

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SIGNATURE:

L. P. Weerasooriya

L. P. WEERASOORIYA

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-9-95

813-474-1554