

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2006 08:00 AM
Secretary of State

DOCUMENT # V12638 1. Entity Name A.K. VIJAPURA, M.D., P.A.	
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Principal Place of Business 1601 WEST REYNOLDS STREET SUITE 102 PLANT CITY, FL 33563	Mailing Address 1601 WEST REYNOLDS STREET SUITE 102 PLANT CITY, FL 33563
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DO NOT WRITE IN THIS SPACE



05302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3112205	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIJAPURA, A.K. 1601 WEST REYNOLDS STREET SUITE 102 PLANT CITY, FL 33563

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIJAPURA, A.K. 1601 WEST REYNOLDS ST STE. 102 PLANT CITY, FL 33563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: A.K. Vijapura, M.D. 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6-2-06 813-254-1496**
Date Daytime Phone #