03-27-2003 90062 041 ***158.75

1. Entity Name

GANESAN RAJASEKARAN M.D., P.A.

				OO WE TO						
Principal Place of Business 4543 S. MANHATTAN AVE. SUITE 101 TAMPA FL 33611			Mailing Address 4543 S. MANHATTAN AVE. SUITE 101 TAMPA FL 33611							
2. Principal Place of Business				·	_					
Suite, Apt. #, etc.				·		CHECK HERE IF MAKING CHANGES				
y & State					4. FEI Number 59-1633335		Applied For Not Applicable			
Country	Zip Count				8. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Ager			<u> </u>	· · ·	74	lame and Address of New Regis				
		-	1	Name -						
l.			<u> </u>	Ctroot Addrson	/DO D	av Number is Not Assertable)				
SUITE 2317M FIRST FLORIDA TWR.				oreet Address	s (P.O. Bi	ox Number is Not Acceptable)				
			L.							
			'	Jity			FL	Zip Code	•	
	or the purpo	ose of changing its	s registered (office or regist	ered age	ent, or both, in the State of Florida.	I am far	niliar with, :	and accept	
ped or printed name of registered agent	and title if appl	icable. (NOT	TE: Registered Ag	ent signature requi	red when rei	instating)	DATE			
2003 Fee will be \$550.00	of State					Election Campaign Financi Trust Fund Contribution.	ng 🔲		May Be to Fees	
10. OFFICERS AND DIRECTORS				-	AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	3 IN 11	
KARAN, GANESAN MANHATTAN AVE		☐ Delete							Addition	
MANHATTAN AVE.		☐ Delete					[☐ Change	☐ Addition	
		☐ Delete	I.		z. *·	and the state of t	<u> </u>	☐ Change	☐ Addition	
		☐ Delete					[Change	Addition	
	*****	☐ Delete					Ċ	☐ Change	Addition	
	Alaja Ell	☐ Delete	CITY-ST-	ZIP	2001:-	HO 07/0V3 Ft. 14-01			☐ Addition	
	Country me and Address of Current I. IT FLORIDA TWR. Intity submits this statement for pistered agent. Ped or printed name of registered agent VIII FEE IS \$150.00 2003 Fee will be \$550.00 OFFICERS AND KARAN, GANESAN MANHATTAN AVE. FL KARAN, RANI MANHATTAN AVE. FL	Suite TAMP/ Isiness 3. Mail City Country Zip The and Address of Current Registere I. The FLORIDA TWR. The purposition of registered agent and title if application of the purposition of the purpos	Suite 101 TAMPA FL 33611 Isiness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip me and Address of Current Registered Agent A. IT FLORIDA TWR. Thity submits this statement for the purpose of changing its pistered agent. In the purpose of changing its pistered agent and title if applicable. (NO VIII FEE IS \$150.00 2003 Fee will be \$550.00 20 to Florida Department of State OFFICERS AND DIRECTORS CKARAN, GANESAN MANHATTAN AVE. FL Delete Delete Delete	Suite, Apt. #, etc. City & State Country Zip Country Tampa FL 33611 City & State Country Tame and Address of Current Registered Agent City & State Country Telephone of registered agent and title if applicable. (NOTE: Registered Agent) VI!! FEE IS \$150.00 10 Florida Department of State OFFICERS AND DIRECTORS TITLE NAME KARAN, GANESAN MANHATTAN AVE. FL Delete TITLE NAME STREET A CITY-ST. Delete TITLE NAME STREET A CITY-ST.	Mailing Address 4543 \$. MANHATTAN AVE. SUITE 101 TAMPA FL 33611 Siriess 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Tip Country Tip City Street Address City Street Address City City Titty submits this statement for the purpose of changing its registered office or regist pistered agent. Name Street Address City City Titte Country Titte Name City City Titte Name City: 51-2ip Delete Titte Name Sirect Address City-51-2ip Titte Name Sirect Address City-51-2ip Delete	Mailing Address 4543 S. MANHATTAN AVE. SUITE 101 TAMPA FL 33811 Siness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country The Countr	Mailing Address 4543 \$ Mahint An AVE. SUITE 101 TAMPA FL 33811 Spriess 3. Mailing Address Suite, Apt. #, etc. Check Here In M City & State A. FEI Number 59-1633335 Country Zip Country Tourity Street Address of Current Registered Agent Tourity Submits in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida placered agent Tourity Submits in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida placered agent Tourity FEE IS \$150.00 1003 Fee will be \$550.00 1003 Fee will be \$550.00 1015 Florida Department of State 11. ADDITIONS/CHANGES TO OFFICER KARAN, GANESAN Delete 11. ADDITIONS/CHANGES TO OFFICER KARAN, RANI Delete 11. ADDITIONS/CHANGES TO OFFICER KARAN, RANI MANE 11. STREET ADDITESS 11. Country 11. ADDITIONS/CHANGES TO OFFICER 12. ADDITIONS/CHANGES TO OFFICER 13. ADDITIONS/CHANGES TO OFFICER 14. ADDITIONS/CHANGES TO OFFICER 15. ADDITIONS/CHANGES TO OFFICER 15. ADDITIONS/CHANGES TO OFFICER 15. ADDITIONS/CHANGES TO OFFICER 15. ADDITIONS/	Mailing Address 454 S. MANHATTAN AVE. SUITE 101 TAMPA FL 38811 Sirisess 3. Mailing Address Suite, Apt. #. etc. CHECK HERE IP MAKING C. Clay & State 4. FEI Number 59-1633335 Country Zip Country To Certificate of Status Desired Registered Agent Name Streat Address of Current Registered Agent T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. 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FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number is Not Acceptable) T. FLORIDA TWR. Streat Address (P.O. Box Number	Mailing Address 4.43 S, Mankfran AVE, SUTE 101 TAMPA FL 33811 Simess 3. Mailing Address City & State City & State City & State City & State Country Zip Country Xiv Assess of Current Registered Agent Name and Address of Current Registered Agent Name A FEI Number 59-1633335 SR 75 Add Fee Requirer Name Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code	

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: