SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 20 AM 9:51

DOCUMENT # 507142 (8)

1. Corporation Name
SARAVANA RAJAN, M.D., F.R.C.P. (CANADA), P.A.

Principal Place of Business	Mailing Address
2483 NEWFOUND HARBOR DRIVE MERRITT ISLAND FL 32952	2483 NEWFOUND HARBOR DRIVE MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1976
3a. Date of Last Report: 10/04/1994

2. Principal Place of Business
21 548 BARTON BLVD
Suite, Apt. #, etc.
22 ROCKLEDGE
City & State
23 FL
Zip 24 32955 25 County: Brevard

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 30 County:

4. FEI Number: 59-1674534 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No Paid up to date

9. Name and Address of Current Registered Agent

RAJAN, SARAVANA
2483 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Saravana Rajan 6-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RAJAN, SARAVANA	12 NAME	
STREET ADDRESS	2483 NEWFOUND HARBOR DR.	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RAJAN, SATHI S.	22 NAME	
STREET ADDRESS	2483 NEWFOUND HARBOR DR.	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	KUMAR, SASI	32 NAME	
STREET ADDRESS	548 BARTON BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KARIM, ABDUL	42 NAME	
STREET ADDRESS	548 BARTON BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Saravana Rajan. SARAVANA RAJAN M.D. 6/15/95 President 407-636-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015077 CF