



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 507142</b>			
1. Entity Name SARAVANA RAJAN, M.D., F.R.C.P. (CANADA) & ASSOCIATES, P.A.			
Principal Place of Business 548 BARTON BLVD. ROCKLEDGE, FL 32955 US		Mailing Address 2398 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1674534	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RAJAN, SARAVANA 2483 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000152635 05/04/04-80095-004 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	RAJAN, SARAVANA		
STREET ADDRESS	2398 NEWFOUND HARBOR DR.		
CITY - ST - ZIP	MERRITT ISLAND FL,		
TITLE	D		
NAME	RAJAN, SATHI S		
STREET ADDRESS	2398 NEWFOUND HARBOR DR.		
CITY - ST - ZIP	MERRITT ISLAND FL,		
TITLE	V		
NAME	KUMAR, SASI		
STREET ADDRESS	548 BARTON BLVD.		
CITY - ST - ZIP	ROCKLEDGE, FL 32955		
TITLE	D		
NAME	KARIM, ABDUL		
STREET ADDRESS	548 BARTON BLVD.		
CITY - ST - ZIP	ROCKLEDGE, FL 32955		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sarav Rys. SARAVANA RAJAN M.D.</i>		321-636-0890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/29/03</i> Daytime Phone #	