


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 507142	
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
---	---

**DO NOT WRITE IN THIS SPACE**



05152005 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

**DO NOT WRITE  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: 06/06/05-80003-009 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAJAN, SARAVANA 2398 NEWFOUND HARBOR DR. MERRITT ISLAND FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAJAN, SATHI S 2398 NEWFOUND HARBOR DR. MERRITT ISLAND FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUMAR, SASI 548 BARTON BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARIM, ABDUL 548 BARTON BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sarav R. M.D. SARAVANA RAJAN M.D. President 6-1-05 Date Daytime Phone #