


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 507142 1. Entity Name SARAVANA RAJAN, M.D., F.R.C.P. (CANADA) & ASSOCIATES, P.A.	
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Principal Place of Business 548 BARTON BLVD. ROCKLEDGE, FL 32955 US	Mailing Address 2398 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1674534	Applied For <input type="checkbox"/> 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

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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 re-registering)
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	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 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: SARAVANA RAJAN, Sarav Kojan, President 7/6/07. 321-636-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #