

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jun 16, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1674534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 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

000000953144
06/16/08-80001-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/08 **321-636-0840**
Date Daytime Phone #