

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90087 009 \*\*\*150.00

DOCUMENT # 509502

1. Corporation Name

D.S. CHOKSHI, M.D., P.A.

Principal Place of Business

3157 N. UNIVERSITY DR  
SUITE #103  
PEMBROKE PINES FL 33024

Mailing Address

3157 N. UNIVERSITY DR  
SUITE #103  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1976

4. FEI Number

59-1749236

Applied For

Not Applicable

2. Principal Place of Business

21 2301 N. University Drive

Suite, Apt. #, etc.

22 207

City & State

23 Pembroke Pines, FL

Zip

24 33024

Country

25 USA

2a. Mailing Address

26 2301 Medical Dental Center,

27 2301 N. University Dr.

Suite, Apt. #, etc.

27 207

City & State

28 Pembroke Pines, FL

Zip

29 33024

Country

30

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CHOKSHI, DEENBANDHU S  
3157 N UNIVERSITY DR, #103  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name D.S. Chokshi

82 Street Address (P.O. Box Number is Not Acceptable)

2301 N. University Drive

83 Suite 207

84 City Pembroke Pines

FL

85 Zip Code

33024

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

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	1.1 TITLE	D. S. Chokshi
NAME	CHOKSHI, DEENBANDHU S	1.2 NAME	Ste 207
STREET ADDRESS	3157 N UNIV DR STE #103	1.3 STREET ADDRESS	2301 N University Dr
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pmbk Pines, FL 33024
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)