2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 519518

1. Entity Name ASHOK PATEL, M.D., P.A.



FILED Feb 24, 2004 08:00 AM Secretary of State

Principal Place of Business 998 N.W. 9TH COURT BOCA RATON, FL 33486-2214 Mailing Address 998 N.W. 9TH COURT BOCA RATON, FL 33486-2214



02032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1734229

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PATEL, ASHOK 998 N.W. 9TH COURT BOCA RATON, FL 33432

SIGNATURE: _

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DOCK PASSON, PE 33432		·	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 It applicable. UNOTE Registered			Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000064241 02/24/04-80005-009 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS C/TY-ST-ZIP	PD PATEL, ASHOK 998 N.W. 9TH COURT BOCA RATON FL,	i.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-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)(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 of required by Chapter 507, 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 was repowed to					