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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 519739

(7)

SELVA GANESH, M.D., P.A.

Mailing Address

FILED

Aug 04 1997 8:00am

Secretary of State

2623 S.SEACREST BLVD. #114 BOYNTON BEACH FL 33435				2623 S.SEACREST BLVD. #114 BOYNTON BEACH FL 33435-7531								•			
										Date Incorporated 12/07/1976	or Qualified		te of Las 12/199		ort
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number				Appli	ed For
21				26						59-1706438				Not A	pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & State				City & State					Election Campaign Financing \$5.00 May Be						
Zio Country			28	Zip Country					Trust Fund Contribution Added to Fees						
Zip 24	25			29 30			Jilli y			8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes Yes No					
9. Name and Address of Current									10. Name and Address of New Registered Agent						
GAN	NESH, SELVA						81	Name	10.						
3268 N OCEAN BLVD							82	Cton at Ad	d (D	0.5	1-1 6-1-125	128 .			i
GULFSTREAM FL 33483								SHEET AG	aress (P.	O. Box Number is I	voi Accepiad	ie)			
							83								
							84	City				FL	85 Z	ip Co	de
11. Pursuant 1	to the provisio	ns of Sections 607.05	02 and 6	507.1508	Florida Stati	utes, the a	bove	L ∋-named co	rooration	submits this stater	nent for the p	urpose of	<u>L</u> changin	g its re	egistered
office or re agent. I a	egi ste red agei m fam ilier with	nt, or both, in the Stat , and accept the oblig	e of Flori gations c	ida. Such of, Section	i change was n 607.0505, F	s authorize Florida Stat	d by lutes	the corpor 3.	ation's be	oard of directors. I I	nereby accep	t the appo	pintment	as reg	gistered
SIGNATURE															
	Signature, typed or	printed name of registered ag			e. (NC		o Age	nt signature req		 -		DATE			
12.	SD	OFFICERS AN	AD DIKE	CTORS	DOLLETE	13.		····	ΑΑ	DDITIONS/CHANG	ES TO OFFIC				
TITLE	GANESH,	OELVA			☐ DELETE	1.1 Ti							∐ Chanç	le (Addition
NAME						1.2 N									
STREET ADORESS		EACREST BLVD BEACH FL						ADDRESS							
CITY-ST-ZIP TITLE	BOTHTON	DEAON IL		· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CI 2.1 TI		1-ZIP	·····	· · · · · · · · · · · · · · · · · · ·			Chanc		Addition
NAME					L_3 DECENE	2.1 II 2.2 N					•		Vilalit		
STREET ADDRESS								1000000		-					
CITY-ST-ZIP								ADDRESS ST-ZIP							
TITLE					DELETE	3.1 TI		51-21					Chanc	e l	Addition
NAME						3.2 N/									
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CITY-ST-ZIP								ST-ZIP							
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NAME						4.2 N									
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NAME						5.2 N/							•	_	
STREET ADDRESS								ADDRESS							
City-St-Zip						5.4 CI		· · · · · · · · · · · · · · · · · · ·							
TITLE	······································	-1			DELETE	6.1 TI		. 4.0		····			Chang	e T	Addition
NAME						62 N								_	
STREET ADDRESS					6.3 STHEET ADDRESS			ADDRESS]
THICK PROMESS						V.5 51	*144.1								1

I do 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 funded 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 the attachment with an address.