FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **520092** **(8)**

1. Corporation Name

RADHA A. MAJUMDAR, M.D., P.A.

Principal Place of Business	Mailing Address
13014 N DALE MABRY HWY #312 TAMPA FL 33618	13014 N DALE MABRY HWY #312 TAMPA FL 33618

3. Date Incorporated or Qualified: **12/10/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1709039** ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MAJUMDAR, RADHA A., M.D., P.A.
13014 N DALE MABRY HWY #312
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 14
TITLE / NAME / STREET ADDRESS / City-St-Zip	PTD / MAJUMDAR, RADHA A / 13014 N DALE MABRY #312 / TAMPA FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / City-St-Zip	D / MAJUMDAR, RADHA A. / 13014 N DALE MABRY #312 / TAMPA FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / City-St-Zip		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / City-St-Zip		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / City-St-Zip		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / City-St-Zip		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true, accurate and complete, for the corporation stated in Section 1 (Item 1). Florida Statutes. I further certify that the information indicated on this 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 attached sheet with an address.

SIGNATURE: Radha A. Majumdar M.D. 3/29/96 (813) 961-7956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RADHA A. MAJUMDAR M.D.

CR2E034 (12/95)