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 # 552162 (0)

1. Corporation Name

C.H. AMAR INALSINGH, M.D., P.A.

Principal Place of Business	Mailing Address
300-RIVERSIDE DR. EAST #2400 BRADENTON FL 34208-1089	300-RIVERSIDE DR. EAST #2400 BRADENTON FL 34208-1089

2. Principal Place of Business	2a. Mailing Address
21 401 MANATEE AVE. E.	26 401 MANATEE AVE. E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BRADENTON, FL	28 City & State: BRADENTON, FL
24 Zip: 34208 25 Country: USA	29 Zip: 34208 30 Country: USA

3. Date Incorporated or Qualified: 11/21/1977
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-1776602 ☐ 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

9. Name and Address of Current Registered Agent

INALSINGH, C.H.AMAR MD
300 RIVERSIDE DR. E. STE 2400
BRADENTON FL 33508

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 401 MANATEE AVE. E.
83
84 City: BRADENTON FL 85 Zip Code: 34208

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: 3/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required When Changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE	PS	☑ Change ☐ Addition
NAME	INALSINGH, C.H.AMAR MD		1.2 NAME	INALSINGH, C.H. AMAR MD	
STREET ADDRESS	300 RIVERSIDE DR E.		1.3 STREET ADDRESS	401 MANATEE AVE. EAST	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☑ Change ☐ Addition
NAME	PRANAB, RAY MD		2.2 NAME	RAY, PRANAB MD	
STREET ADDRESS	300 RIVERSIDE DR E.		2.3 STREET ADDRESS	401 MANATEE AVE. EAST	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: 3/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #