

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 572424 (0)

1. Corporation Name

P.S. KRISHNAMURTHY, M.D., P.A.



Principal Place of Business

402 EAST ASH
PO BOX 0390
PERRY FL 32347-2105

Mailing Address

402 EAST ASH
PO BOX 0390
PERRY FL 32347-2105

3. Date Incorporated or Qualified 05/18/1978	3a. Date of Last Report 04/05/1995
4. FEI Number 59-1835193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. 1706-A RIGGINS RD	26. 1706 A RIGGINS RD
State, Apt. #, etc.	State, Apt. #, etc.
22. City & State	27. City & State
23. TALLAHASSEE, FL	28. TALLAHASSEE, FL
Zip	Zip
24. 32308	29. 32308
Country	Country
25. LEON	30. LEON
9. Name and Address of Current Registered Agent	

MERRITT, CELIA J.
402 E ASH ST
PERRY FL 32347

81. Name	P.S. KRISHNAMURTHY
82. Street Address (P.O. Box Number is Not Acceptable)	1706-A RIGGINS RD
83. City	TALLAHASSEE
84. State	FL
85. Zip Code	32308

11. Pursuant to the provisions of Sections 607.0507 and 607.1608, 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. Thereby, except the appointment as registered agent, I am familiar with, and accept the provisions of Section 607.0601, Florida Statutes.

SIGNATURE: *[Signature]* **P.S. KRISHNAMURTHY, PRES** 2/21/96
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
PD	KRISHNAMURTHY, P.S.	12. NAME	
STREET ADDRESS	404 GLENRIDGE DRIVE	13. STREET ADDRESS	1706-A RIGGINS RD
CITY-STATE-ZIP	PERRY FL	14. CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	NAME	21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		22. NAME	
CITY-STATE-ZIP		23. STREET ADDRESS	
TITLE	NAME	24. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		31. TITLE	
CITY-STATE-ZIP		32. NAME	
TITLE	NAME	33. STREET ADDRESS	
STREET ADDRESS		34. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP		41. TITLE	
TITLE	NAME	42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	51. TITLE	
STREET ADDRESS		52. NAME	
CITY-STATE-ZIP		53. STREET ADDRESS	
TITLE	NAME	54. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		61. TITLE	
CITY-STATE-ZIP		62. NAME	
TITLE	NAME	63. STREET ADDRESS	
STREET ADDRESS		64. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP		71. TITLE	
TITLE	NAME	72. NAME	
STREET ADDRESS		73. STREET ADDRESS	
CITY-STATE-ZIP		74. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 or person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an appointment with an address.

SIGNATURE: *[Signature]* **P.S. KRISHNAMURTHY** 2/21/96
Date

CR2E034 (12/95)