

**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 # **592978** (1)

1. Corporation Name  
**MOHAN NARAYANAN, M.D., P.A.**



Principal Place of Business  
**810 N MILLS  
P O BOX 548  
ARCADIA FL 33821**

Mailing Address  
**810 N MILLS  
P O BOX 548  
ARCADIA FL 33821**

3. Date Incorporated or Qualified **11/13/1978**      3a. Date of Last Report **02/02/1995**

4. FEI Number **59-1858014**      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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip      24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip      29 Country

9. Name and Address of Current Registered Agent  
**BROWN, FLETCHER  
124 NORTH BREVARD  
P.O. BOX 349  
ARCADIA, FL LP FL 33821**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and to whom applicable

(Typed) Registered Agent's signature, typed or printed name, and state

DWT:

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | <b>PST</b>              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME                       | <b>NARAYANAN, MOHAN</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3399 SE CR 760</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ARCADIA FL</b>       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME                       | <b>NARAYANAN, MOHAN</b> | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3399 SE CR 760</b>   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ARCADIA FL</b>       | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME                       |                         | 3.2 NAME  |   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - ZIP                                   |   |

**500001737075**  
**03/08/96--01056--004**  Change  Add on  
**\*\*\*200.00**

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: *Mohan Narayanan*      **MOHAN NARAYANAN**

**2/27/96**      **941-494-5909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

*Handwritten initials and date*  
**2-27-96**