


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

03-11-2005 90309 020 ***150.00

DOCUMENT # 592978
 1. Entity Name
 MOHAN NARAYANAN, M.D., P.A.



Principal Place of Business Mailing Address
 810 N MILLS 810 N MILLS
 P O BOX 548 P O BOX 548
 ARCADIA, FL 34266 ARCADIA, FL 34266

66024552



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07072005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 59-1858014 Not Applicable


Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROWN, FLETCHER
 124 NORTH BREVARD
 P.O. BOX 349
 ARCADIA, FL LP, FL ~~34266~~ 34266

7. Name and Address of New Registered Agent
 Name: Mohan Narayanan
 Street Address (P.O. Box Number is Not Acceptable): 810 N. Mills
 City: Arcadia FL Zip Code: 34266

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 7/11/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

paid 319105 clc # 7809
FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST NARAYANAN, MOHAN 3399 SE CR 760 ARCADIA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NARAYANAN, MOHAN 3399 SE CR 760 ARCADIA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05 863-494-5909
 Date Daytime Phone #

ATTACHMENT

06624552

Mohan Narayanan, M.D., P.A.

810 N Mills
P.O. Box 548
Arcadia, FL 34266

July 7, 2005

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2005 Corporation Annual Report

To Whom It May Concern:

Enclosed please find a 2005 Corporation Annual Report for Mohan Narayanan, M.D., P.A., Document #592978. This report was filed and the annual fee paid March 9, 2005. A copy of the check paying the fee is enclosed.

My accountant checked the website and realized that the corporation did not have a report filed for 2005. Further phone calls to the state on July 7, 2005 revealed that the original form was returned to me for a missing signature along with a correction letter dated March 21, 2005.



Please be advised that I did not receive the correction letter requesting a signature.

I am now re-filing the Corporation Annual Report with the required signatures and ask that you waive the late fee.

Sincerely,


Mohan Narayanan, M.D.

ATTACHMENT 66024532
#592978

MOHAN NARAYAN, M.D., P.A. 200 NORTON HILLS ALBUQUERQUE, FLORIDA 32008		7869	
PAY TO THE ORDER OF <u>One Hundred Fifty and 00/100</u>		40030381	
FOR DEPOSIT ONLY		7869	
FLORIDA DEPT OF STATE		3 150.00	
 THE FIRST STATE BANK A MEMBER OF THE FIRST STATE FINANCIAL GROUP			
007869 006340873 PC 0110612706*		*0000015000*	
7869	03/21/05	\$150.00	