

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

PROFIT
CORPORAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Amended

FILED
Jun 17 1997 8:00am
Secretary of State

DOCUMENT # 604994 (4)

1. Corporation Name
ASIS K. SAHA, MD, P.A.



Principal Place of Business Mailing Address
201 HILDA ST #10 KISSIMEE FL 32741

3. Date Incorporated or Qualified **01/31/1974** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-1513807** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SAHA, ASIS K.
201 HILDA ST., STE. 10
KISSIMEE FL 32741**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PDS SAHA, ASIS K.**
STREET ADDRESS **800 N CENTRAL SUITE 2**
CITY-ST-ZIP **KISSIMEE FL**
TITLE DELETE
NAME **SAHA, ASIS K.**
STREET ADDRESS **800 N CENTRAL SUITE 2**
CITY-ST-ZIP **KISSIMEE FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **201 Hilda St., Ste. 10**
1.4 CITY-ST-ZIP **Kissimmee, FL 32741**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **201 Hilda St., Ste. 10**
2.4 CITY-ST-ZIP **Kissimmee, FL 32741**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS **700002215327**
6.4 CITY-ST-ZIP **-06/18/97--01008--029**
*****61.25**

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: *[Signature]* **2/4/97** **407-846-3426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)