

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

CORPORATION -
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moxham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 631771 (3)
1. Corporation Name
MOHAN U. JESRANI, M.D., P.A. D/B/A
Central Florida Heart Group

Principal Place of Business Mailing Address
STARTING GATE, STE 12 STARTING GATE, SUITE 12
2801 SW College Rd 2801 SW College ROAD
OCALA, FL 34474 Ocala, FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/01/94	3a. Date of Last Report 1994
4. FEI Number 59-1746606	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
7. This corporation has liability for intangible tax under § 193 G.C. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2801 SW College Road	2a. Mailing Address 26 2801 SW College Rd
Suite, Apt #, etc 22 Ste 12	Suite, Apt #, etc 27 Ste 12
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34474	County 25 MARION
	29 34474
	30 MARION

9. Name and Address of Current Registered Agent Mohan U. Jesrani M.D. STARTING GATE, STE 12 2801 SW College ROAD OCALA, FL 34474				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 _____ DATE _____
Signature (agent or printed name of registered agent and his or her applicable title) Registered Agent to be printed (agent only, if registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME MOHAN U. JESRANI, M.D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2801 SW College Road, Ste 12	CITY, ST, ZIP OCALA, FL 34474	1.2 NAME	
		1.3 STREET ADDRESS	500001518195
		1.4 CITY, ST, ZIP	06/28/95 01112-011
TITLE V/P	NAME VIJAY K. MITTAL, M.D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2801 SW College Rd, Ste 12	CITY, ST, ZIP OCALA, FL 34474	2.2 NAME	****200.00 ****200.00
		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

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 110 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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, or on an attachment with an address.

SIGNATURE: _____ DATE: 5/26/95 904 237 4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR