


2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90021 035 ***150.00

DOCUMENT # 635052	
1. Entity Name GANGADHARARAO CHAPALAMADUGU, M.D., P.A.	

Principal Place of Business 300 RIVERSIDE DR., E. #4500 SUITE 4500 BRADENTON FL 34208	Mailing Address 300 RIVERSIDE DR., E. #4500 SUITE 4500 BRADENTON FL 34208
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-1930920		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAPALAMADUGU, GANGADHARARAO, MD P 300 RIVERSIDE DR. E. SUITE 4500 BRADENTON FL 34208		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAPALAMADUGU, GANGADHAR. 300 RIVERSIDE DR. S 4500 BRADENTON FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Gangadhar Rao Chapalamadugu **CHAPALAMADUGU, GANGADHARARAO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/19/05 Daytime Phone # 941-261-1910

ATTACHMENT

50057070
635052

DEA # AC7635800

C. G. RAO, M.D., P.A.

300 RIVERSIDE EAST

SUITE 4500

BRADENTON, FL 34208

(941) 746-1018

Name Division of Corporations

Address

SECURITY FEATURES ON BACK Date 7/19/15

R I did not receive
prior application this
year. This is first
application I received
prescription fee

☐ Label

Refill times PRN NR

This prescription may be filled with a generically equivalent drug product unless the words "Medically Necessary" are written, in the practitioner's own handwriting on this prescription form.