

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90022 020 ***150.00

DOCUMENT # 635975

1. Corporation Name

RAO, REDDY & EVANS ASSOCIATES, M.D., P.A.

Principal Place of Business
2202 STATE AVE. SUITE 111
PANAMA CITY FL 32405

Mailing Address
2202 STATE AVE. SUITE 111
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1979

4. FEI Number
59-2034963

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 204 E. 19th Street
Suite, Apt. #, etc.

26 204 E. 19th Street
Suite, Apt. #, etc.

22 City & State
23 Panama City FL

27 City & State
28 Panama City FL

24 32405 Zip Country
25 Bay

29 32405 Zip Country
30 Bay

9. Name and Address of Current Registered Agent

RAO, PALEP N., M.D.
2202 STATE AVE, SUITE 111
PANAMA CITY FL 32405

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAO, PALEP N., M.D.
STREET ADDRESS 2202 STATE AVE STE 111
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE VP
NAME REDDY, SUDHAKAR C. M.D.
STREET ADDRESS 2202 STATE AVE STE 111
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE ST
NAME EVANS, EUGENE M
STREET ADDRESS 2202 STATE AVENUE, STE 111
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 204 E. 19th Street

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 204 E. 19th Street

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 204 E. 19th Street

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Treas. Al. b. b. Riyad
4.3 STREET ADDRESS 204 E. 19th Street
4.4 CITY-ST-ZIP PANAMA CITY FL

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

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE: REQUIRED

3-23-99 850-763-5409

Date

Daytime Phone #

CR2E034 (11/98)