

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90107 017 ***150.00

DOCUMENT #635975

1. Entity Name
RAO, REDDY, ALBIBI & FINLAW, M.D., P.A.



Principal Place of Business
204 E 19TH STREET
PANAMA CITY, FL 32405 US

Mailing Address
204 E 19TH STREET
PANAMA CITY, FL 32405 US

40061703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232008

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2034963

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAO, PALEP N M.D.
204 E. 19TH STREET
PANAMA CITY, FL 32405

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAO, PALEP N., M.D.
STREET ADDRESS 204 E 19TH STREET
CITY-ST-ZIP PANAMA CITY, FL

TITLE VP ☐ Delete
NAME REDDY, SUDHAKAR C. M.D.
STREET ADDRESS 204 E 19TH STREET
CITY-ST-ZIP PANAMA CITY, FL

TITLE S ☐ Delete
NAME RIYAD, ALBIBI
STREET ADDRESS 204 E 19TH ST
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE T ☐ Delete
NAME ALBIBI, RIYAD
STREET ADDRESS 204 E 19TH STREET
CITY-ST-ZIP PANAMA CITY, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

PALEP N. RAO MD 4/21/06 850-763-5409