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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 655288

(9)

Mailing Address

MOHAN S. KHURANA, M.D., P.A.

FILED Apr 17 1997 8:00am Secretary of State

-		BABAR BIJAH DIBIL	8(8/H #88)

130 SOUTH IN ENGLEWOOD		130 South Indiana ave Englewood FL 34223-3					
					3. Date Incorporated or Qualified 02/08/1980	3a. Date of t 04/25/19	
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1976046		Not Applicable
Suite Apt 22	t, # otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Sta	ale	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Counti	ry	8. This corporation has liability for i	ntangible tax ur Yes 🏻 No	
=-1	9. Name and Address of Cur				10. Name and Address of New Re		
KHI	URANA, MOHAN S. M.D.		8.	Name			
1081 BAYSHORE DR. ENGLEWOOD FL 34223		8	82 Street Address (P.O. Box Number is Not Acceptable)				
			8:	3			
			84	4 City		FL 85	Zip Code
11. Pursuan	it to the provisions of Sections 607.	0502 and 607.1508, Florida Stati	ules, the abo	ve-named cor	rporation submits this statement for the p	urnose of chang	ging its registered
office or	rregistered agent, or both, in the S ani familiar with, and accept the of	tate of Florida, Such change was blocations of Section 607 0505. F	s authorized t Etorida Statuti	by the corpora	ation's board of directors. I hereby accep	it the appointme	ent as registered
	·	Signature of Contract Contract of Contract					
SIGNATURE	Signature Typed or printed name of registeres	d agent and tile if applicable (NC	OTE Registered A	gent signature requ	uired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Ci	hange 🔲 Addition
NAME	KHURANA, MOHAN S., M.D	<u>1.</u>	1,2 NAME	E			
STREET ADDRESS			1.3 STREA	ET ADDRESS			
C-TY - ST - ZIP	ENGLEWOOD FL		1.4 CiTY-	-ST-2IP			
TITLE		☐ DELETE	2.1 TITLE			Cr	hange Addition
NAME			2.2 NAME	E			
STREET ADDRESS	.		C.C. FORMER				
	· [			ET ADDRESS			
C(TY - ST - 7)P						<u> </u>	
CHY-ST-ZIP THEE		☐ DELETE	2.3 STREI	-ST-ZIP		, CI	hange Addition
		☐ DELETE	2.3 STREI 2.4 CITY	-ST-ZIP			hange Addition
TILLE		☐ DELETE	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME	-ST-ZIP		<u>′</u> □ CI	hange Addition
TILLE NAME		☐ DELETE	2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME	-ST-ZIP		, CI	hange 🔲 Addition
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4. I do 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.

SIGNATURE:

JURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/12/97 (941) 474-944