## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #657672**

1. Entity Name

M.K. ACHARYA, M.D., P.A.



Principal Place of Business

14134 NEPHRON LANE HUDSON, FL 34667 Mailing Address

14134 NEPHRON LANE HUDSON, FL 34667

## FILED Jan 24, 2005 8:00 am Secretary of State

01-24-2005 90037 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1984302

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ACHARYA, M.K., M.D. 14134 NEPHRON LANE HUDSON, FL 34667

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both, in t	he State of Florida. I am familiar.	with, and accept
SIGNATURE'	Signature, typed or printed name of registered agent and title in	if applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ACHARYA, M. K., M.D. 14134 NEPHRON LANE HUDSON, FL	"				
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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 empewered.						