


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 678639 1. Entity Name SUKHINDER K. JOSHI, M.D., P.A. |  |
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|---|---|
| Principal Place of Business 1001 W 1ST ST SANFORD, FL 32771 | Mailing Address 1001 W 1ST ST SANFORD, FL 32771 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

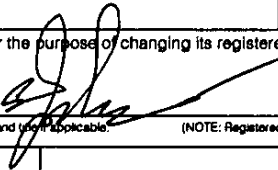
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|---|---------------------------------------|
| 4. FEI Number 59-2004945 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOSHI, SUKHINDER K.,M.D.
 1001 W. FIRST ST.
 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

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:  DATE: 1-5-07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000589318
 01/18/07-80011-013 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOSHI, SUKHINDER K. M D 1001 WEST FIRST ST. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JOSHI, VIDYOTMA 1001 WEST FIRST ST. SANFORD, FL |
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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:  DATE: 1-5-07 (407) 323-9570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #