

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1995 MAY -1 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300001492903  
-05/18/95--01011--011  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **679212** (1)

1. Corporation Name

**DEVANESAN & DEVANESAN, M.D., P.A.**

Principal Place of Business

1411 N FLAGLER DR  
SUITE 9000  
WEST PALM BEACH FL 33401  
US

Mailing Address

1411 N FLAGLER DR  
SUITE 9000  
WEST PALM BEACH FL 33401  
US

3. Date incorporated or Qualified **07/21/1980** 3a. Date of Last Report **04/06/1994**

4. FEI Number **59-2017489** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DEVANESAN, JEGADEES**  
2346 BAY VILL CT  
33410

*Lark Park*

10. Name and Address of Now 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 fee if applicable)

Signature (typed or printed name of registered agent and fee if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**P**  
**DEVANESAN, JEGADEES**  
2346 BAY VILL CT  
LK PARK, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**S**  
**DEVANESAN, MONA M.**  
2346 BAY VILL CT  
LK PARK, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

Change  Addition  
**NOT IN CORPORATION**  
*Monahagan*

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

Change  Addition  
*0015*  
**5-1-95**

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as provided, or on an attachment with an address.

SIGNATURE:

SIGNATURE (typed or printed name of signing officer or director)

*[Signature]*  
1/22/95 (407) 7982814