

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90085 040 ***150.00

DOCUMENT # 680745

1. Corporation Name

PANKAJ P. CHOKHAWALA, M.D., P.A.

Principal Place of Business

1613 PHYSICIANS DR.
TALLAHASSEE FL 32308

Mailing Address

1613 PHYSICIANS DR.
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1980

4. FEI Number

59-2024136

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CHOKHAWALA, PANKAJ P.
1613 PHYSICIANS DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name **CHOKHAWALA, PANKAJ P.**
82 Street Address (P.O. Box Number is Not Acceptable)
2209 DEMERON RD
83
84 City **TALLAHASSEE** FL 85 Zip Code **32312**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	CHOKHAWALA, PANKAJ P	
STREET ADDRESS	1613 PHYSICIANS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOKHAWALA, PANKAJ P	
STREET ADDRESS	1613 PHYSICIANS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAME	
13 STREET ADDRESS	2209 DEMERON RD.	
14 CITY-ST-ZIP	TALLAHASSEE FL 32312	
21 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SAME	
23 STREET ADDRESS	2209 DEMERON RD.	
24 CITY-ST-ZIP	TALLAHASSEE FL 32312	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PANKAJ P. CHOKHAWALA MD 4/3/99 850-980-3030

CR2E034 (11/98)