

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:37

DOCUMENT # **689448** (9)

1. Corporation Name

SHYAM G. NADKARNI, M.D., P.A.

Principal Place of Business

Mailing Address

% SHYAM G NADKARNI, M.D.
331 N MAITLAND, SUITE A-2
MAITLAND FL 32751

% SHYAM G NADKARNI, M.D.
331 N MAITLAND, SUITE A-2
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 09/29/1980 | 07/19/1994 |
| 4. FEI Number | Applied For |
| 59-2030601 | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under § 199(1)(2), Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

NADKARNI, SHYAM G., MD
331 N MAITLAND, SUITE A-2
MAITLAND FL

10. Name and Address of New Registered Agent

| |
|--------------------------------------------------------|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City |
| 84. City |
| 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 Agent or current name of registered agent and title (if applicable))

(Signature Agent or current name of registered agent and title (if applicable))

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------|
| TITLE | DP |
| NAME | NADKARNI, SHYAM G., MD |
| STREET ADDRESS | 2128 ALAQUA DRIVE |
| CITY, ST, ZIP | LONGWOOD FL |
| 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 | |
|---------------------------------------------------|-------------------------------------------------------------------|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in law from filing with Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the signatories shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or this receiver or trustee or person responsible to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *S. Nadkarni*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/16/95 (407)647-6454