03-10-1999 90097 023 \*\*\*150.00

## 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

## DOCUMENT # 689448

1. Corporation Name

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

Principal Place	of Business	Mailing Address							
% SHYAM G NA	ADKARNI, M.D.	% SHYAM G NADKARNI. M.D.							
331 N MAITLAN		331 N MAITLAND.SUITE A-2				DO NOT WRITE IN THIS SPACE			
MAITLAND FL 32751		MAITLAND FL 32751				3. Date Incorporated or Qualifed			
						09/29/1980	u .		
2 Data since Di	and Pusings	2a. Mailing Address				4. FEI Number		Apr	olied For
	ace of Business	<u> </u>	¬ -			59-2030601		<u> </u>	Applicable
21	24 _ 4 _	26 Suite Apt # etc	Suite, Apt. #, etc.			39 2030001		\$8.75 A	
Suite, Apt.	#, etc.	<b>├</b> ─	¬ ''			5. Certificate of Status Desired		Fee Red	
22		27							·
City & State	•	<del></del>	City & State			6. Election Campaign Financing		\$5.00 i Added to	, ,
23		28	Count			Trust Fund Contribution			71 663
Zip	Country	Zip	_1	ı y		8. This corporation owes the cu	rrent year iin		□No
24	25		0			Personal Property Tax.  10. Name and Address of New	Ponietared		
	9. Name and Address of Current	Registered Agent		31 1	Name	10. Name and Address of New	Registered	Agent	
MADI	MADAII CHVANA C NAD		ľ°	''  '	Name				. J
	KARNI, SHYAM G., MD		82 Street A			ss (P.O. Box Number is Not Accep	table)		- "
	N MAITLAND, SUITE A-2								
MAII	LAND FL		8	33					
			<u> </u>	34 (	City			85 Zip C	ode
				ļ	•		<u>FL</u>	<u>.</u>	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes	s, the abo	ove-n	named corpore corpore	ration submits this statement for the	e purpose of ept the appoi	changing its ا intment as reç	registered   gistered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statute	es.					
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				gent si	ignature required v		DATE SECONDO A	ND DIRECTO	DS IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AI	☐ Change	Addition
TITLE	DP	☐ DELETE	1.1 TITLE	E				☐ ¢riange	L Addition
NAME	NADKARNI, SHYAM G., MD		1 2 NAMI	E					
STREET ADDRESS	2128 ALAQUA DRIVE		1.3 STRE	EET AL	DDRESS				ľ
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY	-ST-Z	ZIP				
TITLE		☐ DELETE	2.1 TITLE	E				Change	☐ Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	EET AC	DDRESS				Ì
CITY-ST-ZIP			2. 4 CITY	Y-ST-Z	ZIP	医水水管 漢侯			
TITLE		☐ DELETE	3.1 TITLE	E				Change	Addition
NAME			: 3.2 NAM	E		41.735 K			\ 
STREET ADDRESS			3.3 STRE		DDRESS				
			3.4. CITY						}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			<u>,, ,, ,, , , , , , , , , , , , , , , ,</u>		☐ Change	Addition
			4. 2 NAM						
NAME					DORESS	A commence bear on		حد بالمادية عند	ا موجوع درست می
STREET ADDRESS			4.4 CITY	_		- 190 Apr			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		<u> </u>	,	<del>:</del>	" ☐ Change	Addition
TITLE		רו מכנבור	5.2 NAM						
NAME			1		DDRESS				
STREET ADDRESS			1		<b>I</b>				1
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY 6.1 TITLE					Chance	Addition
TITLE		☐ DELETE	•					☐ Change	☐ Addinoii
NAME			6.2 NAM						J
STREET ADDRESS			6.3 STR	EET AL	DDRESS				1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Moder SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR