


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90013 046 ***150.00

DOCUMENT # 689448
 1. Entity Name
 SHYAM G. NADKARNI, M.D., P.A.



Principal Place of Business
 % SHYAM G NADKARNI, M.D.
 331 N MAITLAND AVENUE, SUITE C-2
 MAITLAND, FL 32751

Mailing Address
 % SHYAM G NADKARNI, M.D.
 331 N MAITLAND AVENUE, SUITE C-2
 MAITLAND, FL 32751

44015505



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2030601	Applied For Not Applicable
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5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NADKARNI, SHYAM G., MD 331 N. MAITLAND AVE., STE C-2 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE

12. 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 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: Shyam G. Nadkarni **3-1-04** **407-647-6454**

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