2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F25088

1. Entity Name
SHAH, M.D., P.A.

Principal Place of Business	Mailing Address
1501 PRESIDENTIAL WAY SUITE 12 WEST PALM BEACH, FL 33401	1501 PRESIDENTIAL WAY SUITE 12 WEST PALM BEACH, FL 33401

04102004   No Chg-P   CR2E034 (10/03)

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4. FEI Number 59-2087438	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, MALVIKA
24 DUNBAR ROAD
PALM BEACH GARDENS, FL 33418

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8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	U00000112642 04/14/04-80031-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SHAH, MALVIKA
STREET ADDRESS	24 DUNBAR ROAD
CITY-ST-ZIP	PALM BCH GRDNS, FL
TITLE	DP
NAME	SHAH, SURESH
STREET ADDRESS	24 DUNBAR ROAD
CITY-ST-ZIP	PALM BCH GRDNS, 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	

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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: _Malvika Shah_   4/12/04   561-471-9489

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