

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F57953

1. Entity Name
MUTTATHIL P. RAVINDRA NATHAN, M.D., P.A.



Principal Place of Business
14555 CORTEZ BLVD.
HERNANDO HEART CLINIC
BROOKSVILLE, FL 34613

Mailing Address
14555 CORTEZ BLVD.
HERNANDO HEART CLINIC
BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

**FILED
Feb 02, 2006 8:00 am
Secretary of State**

02-02-2006 90081 036 ***150.00



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2242327	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NATHAN, MUTTATHIL P. RAVINDRA
1455 CORTEZ BLVD., SUITE 1
BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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 NATHAN, MUTTATHIL P.R. 1455 CORTEZ BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHAN, MUTTATHIL P.R. 14555 CORTEZ BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NATHAN, SUSHEELA R 14555 CORTEZ BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUGUSTINE, JOSE 14555 CORTEZ BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # *(852)-798-6000*

x 1/23/06 X (852)-798-6000