

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-02-2006 90081 036 ***150.00

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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



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number

22-2242327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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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 #

6000

1/23/06 *(852)-796-*