


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F88956 1. Entity Name AMARAVADI & AMARAVADI, M.D.'S, P.A.	
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Principal Place of Business % SIVAKUMAR V. AMARAVADI, M.D. 5534 GULF DRIVE, SUITE 3 NEW PORT RICHEY, FL 34652	Mailing Address % SIVAKUMAR V. AMARAVADI, M.D. 5534 GULF DRIVE, SUITE 3 NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



02182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2201202	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 AMARAVADI, SIVAKUMAR V., M.D. 5534 GULF DRIVE, SUITE 3 NEW PORT RICHEY, FL 33552

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AMARAVADI, SIVAKUMAR V. 5534 GULF DRIVE S3 NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP AMARAVADI, RAMANA V. 5534 GULF DRIVE S3 NEW PORT RICHEY, FL
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03/09/06-80031-022 150.00

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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: W. A. ... 2/23/06 727-845-1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #