2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90200 047 ***150.00

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04252008 Chg-P CR2E034 (12/06)

DOCUMENT # F88956

1. Entity Name
AMARAVADI & AMARAVADI, M.D.'S, P.A.

Principal Place of Business	Mailing Address
% SIVAKUMAR V. AMARAVADI, M.D. 5534 GULF DRIVE, SUITE 3 NEW PORT RICHEY, FL 34652	% SIVAKUMAR V. AMARAVADI, M.D. 5534 GULF DRIVE, SUITE 3 NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5794 WEST SHORE DRIVE	5794 WEST SHORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: NEW PORT RICHEY, FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

4. FEI Number: 59-2201202 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMARAVADI, SIVAKUMAR V., M.D.
5534 GULF DRIVE, SUITE 3
NEW PORT RICHEY, FL 33552

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 5794 WEST SHORE DRIVE
City: NEW PORT RICHEY FL Zip Code: 34652

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AMARAVADI, SIVAKUMAR V. 5534 GULF DRIVE S3 NEW PORT RICHEY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5794 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP AMARAVADI, RAMANA V. 5534 GULF DRIVE S3 NEW PORT RICHEY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5794 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] (SIVAKUMAR V. AMARAVADI) 4/28/08 727-375-0848

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