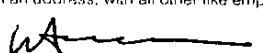


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90200 047 ***150.00

DOCUMENT # F88956 1. Entity Name AMARAVADI & AMARAVADI, M.D.'S, P.A.			
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	
2. Principal Place of Business - No P.O. Box # 5794 WEST SHORE DRIVE Suite, Apt. #, etc.		3. Mailing Address 5794 WEST SHORE DRIVE Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL Zip Country 34652 USA		City & State NEW PORT RICHEY, FL Zip Country 34652 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	☒ Change ☐ Addition 5794 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652
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	☒ Change ☐ Addition 5794 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652
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:  (SIVAKUMAR V. AMARAVADI)		4/28/08 727-375-0848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

60034278



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