Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90231 014 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	F9	11	152
4 Companion Name		. •	•	

Corporation Name

V. RAO I	EMANDI, M.D., P.A.								
Bringing Place	o of Rusiness	Mailing Address					i Bibli bibii bibli bi	Bit Blatt tabl	
•	Principal Place of Business Mailing Address  13904 LAKESHORE BLVD.  13904 LAKESHORE BLVD.								
SUITE #410	JAE BLVU.	SUITE #410							
HUDSON FL 34	667	HUDSON FL 34667			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated	or Qualifed			
					07/19/1982				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Арр	olied For	
21		26			59-2203138		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status	Desired	<b>\$8.</b> 75 ∧			
22	27		5. Certificate of Status		Fee Red	uired			
City & State	e	City & State		6. Election Campaign	Financing	\$5.00	May Be		
23		28		Trust Fund Contrib	ution	Added to	Fees		
Zip	Country	Zip	Country		8. This corporation ov	ves the current year I		_	
24	25	29	30		Personal Property	Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Addres	s of New Registere	d Agent		
			81	Name					
	NDI, V RAO, M.D.		82	Street Addre	ess (P.O. Box Number is	Not Acceptable)			
1390	4 LAKESHORE BLVD #410		102	Oli pol Addin	Cop (1 .O. Dox manios to				
HUD	SON FL 34667-4810		83						
	•						lest Zin C	`ada	
			84	City		F	L 85 Zip C	oue	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Statl m familiar with, and accept the oblig	502 and 607.1508, Florida Statute	s, the above	-named corpo	oration submits this stater	nent for the purpose	of changing its	registered	
office or r	egistered agent, or both, in the Stati	Of Florida, Such change was at	uthorized by	the corporatio	on's board of directors. I h	ereby accept the app	ointment as reg	istered	
agent. i a	m familiar with, and accept the oblig	rations of, section 607.0505, From	iua Statutes	•		6/22	199		
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable (NOTE:	Registered Agen	t signature required	d when reinstating)	DATE	<del>-/-/</del>	<u> </u>	
12.		ND DIRECTORS	13.			SES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	EMANDI, V RAO		1.2 NAME						
STREET ADDRESS	13904 LAKESHORE BLV #416	ስ	1.3 STREET	ADDRESS					
j	HUDSON FL	•	1.4 CITY-S						
CITY-ST-ZIP	D	<b>™</b> DELETE	2.1 TITLE	1.51			Change	☐ Addition	
( '	EMANDI, HARESH RICH		2.2 NAME						
NAME	5723 WESTSHORE DR	·	1	ADDDECO	•				
STREET ADDRESS	NEW PORT RICHEY FL	•	2.3 STREET	1		•			
CITY-ST-ZIP	NEW FOR HORET FL	DELETE	2.4 CITY- S 3.1 TITLE	11-21			Change	Addition	
TITLE									
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP			3.4. CITY-S	7-ZIP			[**] Change	☐ Addition	
TITLE	•	☐ DELETÉ	4.1 TITLE						
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET	FADORESS					
CITY-ST-ZIP									
TITLE			4.4 CITY-S	T- ZIP			Chann	Addition	
NAME		☐ DELETE	5.1 TITLE	T-ZIP	<u></u>		Change	Addition	
		☐ DELETE	5.1 TITLE 5.2 NAME		<u></u>		Change	☐ Addition	
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	r address			Change	_	
STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	r address	.1.85 1		***	at the register is	
ł		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE	r address			Change	_	
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	r address		*	***	at the register is	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: