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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90231 037 \*\*\*150.00

## **DOCUMENT # F94909** 1. Corporation Name

ANKEM RAVINDRA, M.D., P.A.

Principal Place	e of Business	Mailing Address										
U.S. 90 WEST		U.S. 90 WEST										
RT 13 BOX 1232		RT 13 BOX 1232					5	O NOT WE	NITE IN THIS	CDAC	_	
LAKE CITY FL	32055	LAKE CITY FL 32055	LAKE CITY FL 32055				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
							•	or Qualifet	,			
							08/15/1982 El Number		<del></del>		T	Sad Car
2. Principal Pl	lace of Business	2a. Mailing Address				1				F		olied For
21		26				5	59-2228612			**		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. C	Certifcate of Status	s Desired				dditional
22 ·		27 _							<u>.</u>	<del></del>	ee Red	
City & State	е	City & State				_	Election Campaign	-		-		May Be
23		28					rust Fund Contrib				ded to	Fees
Zip	Country	Zip	Coun	try			This corporation of		rrent year in		:	
24			30	0			Personal Property			<b>ℤ</b> Ye	S	□No
	9. Name and Address of Curre	ant Registered Agent				10. N	Name and Addre	ss of New	Registered	Agent		
			1	81	Name							
	NDRA, ANKEM			82	Street Addre	ress (P.C	D. Box Number is	Not Accep	table)			
U.S.	90, WEST RT 13, BOX 1232											
LAKE	CITY FL 32055		[	83								
Ţ			L								7:- 0	- 4-
			[	84	City				FL	85	Zip C	ode
11 Pursuant	to the provisions of Sections 607.05	502 and 607,1508, Florida Statu	es, the ab	ove-r	named corpo	oration :	submits this state	ment for th	e purpose of	changi	ing its i	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was a	uthorized	by tn	ne corporation	ion's boa	rd of directors. I h	ereby acc	ept the appo	ntment	as reg	istered
agent. i a	m ramiliar with, and accept the oblig	jations of, Section 607.0303, Fic	niua Statu	165.								
SIGNATURE	Clareture, treat or printed name of registered as	pent and title if applicable (NOTE	: Registered A	laent si	signature required	ed when rein	nstating)		DATE			
12	OFFICERS A		13.		_	A	DDITIONS/CHAN	GES TO O	FFICERS A	ND DIR	ECTO	RS IN 12
12.			13.	.E		A[	DDITIONS/CHAN	GES TO O	FFICERS A	ND DIR □ CH		RS IN 12
TITLE	P	AND DIRECTORS	1.1 ΤΙΤΙ			A[	DDITIONS/CHAN	GES TO O	FFICERS A			
TITLE	P RAVINDRA, ANKEM	AND DIRECTORS	1.1 TITL 1.2 NAA	Æ	nnpece	A	DDITIONS/CHAN	GES TO O	FFICERS AI			
TITLE NAME STREET AODRESS	P RAVINDRA, ANKEM RT 8 BOX 286-B	AND DIRECTORS	1.1 TITL 1.2 NAA 1.3 STR	ÆET AL	DORESS	AL	DDITIONS/CHAN	GES TO O	FFICERS AI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAVINDRA, ANKEM	AND DIRECTORS	1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	ÆEETAL Y-ST-Z		At	DDITIONS/CHAN	GES TO O	FFICERS A	□ CH	iange	☐ Addition
TITLE NAME STREET AODRESS	P RAVINDRA, ANKEM RT 8 BOX 286-B	AND DIRECTORS	1.1 TITU 1.2 NAA 1.3 STR 1.4 CITU 2.1 TITU	ME REETAL Y-ST-Z LE		_ A[	DDITIONS/CHAN	GES TO O	FFICERS AI		iange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAVINDRA, ANKEM RT 8 BOX 286-B	AND DIRECTORS	1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	ME REETAL Y-ST-Z LE ME	ZIP	A[	DDITIONS/CHAN	GES TO O	FFICERS AI	□ CH	iange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P RAVINDRA, ANKEM RT 8 BOX 286-B	AND DIRECTORS	1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	ME REETAL Y-ST-Z LE ME		AL	DDITIONS/CHAN	GES TO O	FFICERS A	□ CH	iange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P RAVINDRA, ANKEM RT 8 BOX 286-B	DELETE	1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR	AE Y-ST-Z E AE AE AE Y-ST-Z AE AE AE Y-ST-Z	DDRESS	AL	DDITIONS/CHAN	GES TO O	FFICERS A	Cr Cr	nange	☐ Addition☐ Addition☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAVINDRA, ANKEM RT 8 BOX 286-B	DELETE  DELETE  DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 6.3 STR 6.4 CIT 6.1 TITL 6.2 NAM	ME REET AIR  REE	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	A	DDITIONS/CHAN	GES TO O	FFICERS AI		nange nange	Addition Addition Addition

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 affactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR