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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Jun 01 1998 8:00am

Secretary of State

A HARAKAN ARKA ARKIK KAARI AURIJ ANDIK AAND AURIJ HARAL AURIJ BARAL

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005748 (5)

MPS MEDICAL PROFESSIONAL SERVICES OF ORLANDO, IN C.

Principal Place	e of Business	Mailing Address			t teening side retti desti detti detti detti detti detti	Hids Allis sadts asamt sast 1691
2699 LEE ROAD. #510 WINTER PARK FL \$2789		2699-1 PE ROAD: #\$10 WINTER PARK EL 22780	WINTER PARK EL 22780		DO NOT WORT IN THE	0.004.05
		1021 NEWBERRY DR. #2			DO NOT WRITE IN THIS SPACE	
		RICHARDSON	RICHARDSON TX 95080		<ol> <li>Date Incorporated or Qualified</li> <li>10/30/1997</li> </ol>	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FE! Number	Applied For
21		26/021 NEW GERRY DK#2			NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suile, Apt. #, etc.	Suile, Apt. #, etc.		Constitution of Status Desired	\$8.75 Additional
22		27 KICHTAROSC	W J	x 75080	5. Certificate of Status Desired	Fee Required
City & State	)	Cily & State			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ] Zip	Country	<b>28</b> ] Z(p)	Countr		Trust Fund Contribution	Added to Fees
24	F¬ ' ' '			у	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year intangible
241	25 Name and Address of Curre		1		10. Name and Address of New Registered	
2809 LEE ROAD, \$510 KUNDAN STAKMA  81 Name KUNDAN STAKMA  82 Street Address (P.O. Box Number is Not Acceptable)						
	9 LEE ROAD, #510 KM	NDAN SHAKM	A 82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)	1/4
	ITER PARK FL 32789		02	Street Addit	ess (P.O. Box Number is Not Acceptable)	
****			83			
			84	City		85 Zip Code
				<u> </u>	F	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiarywith, and accept the oblighting of, Section 607.0505, Florida Statutes.						
agent. Lam familiar with, and/account the oblightions of, Section 607.0505, Florida Statutes.						
SIGNATURE .	Stonature type-for pointed name of nighten day	s/ aus	Benis kuwai An	e ni signature require	5/11/5	70
12.		NO DIRECTORS	13.	a rit biginatare terpane	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PDC	☐ DELE TE	1.1 TILLE		7.05///2/10/2/10/2/10/2/10/2/10/2/10/2/10/	☐ Change ☐ Addition
NAME	SHERMA, KUNDAN		1.2 NAME	)		
STREET ADDRESS	310 S. SHERMAN, #106		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	RICHARDSON TX 75081		1.4 CITY-	S1-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE			Change Addition
NAME	<b>SH</b> ERMA, SUDESH		2.2 NAME	}		
STREET ADDRESS	310 S. SHERMAN, #106		2.3 STREE	1 address		ļ
CITY-ST-ZIP	RICHARDSON TX 75081	OFFICE	2. 4 CITY-	ST-74P		
TITLE	S IOUNGON OARON	DELETE	3.1 TITLE			Change Addition
NAME OTREET ADDRESS	JOHNSON, CAROL		3.2 NAME			
STREET ADDRESS	DIOMARDOCAL DE TROOP			1 ADDRESS		
CITY-ST-ZIP TITLE	INCIENTACIO (V. 1900)	DELETE	3.4 CITY- 4.1 TITLE	SI · ZR		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			44 CITY-	1		
TITLE		☐ DEL <b>e</b> te	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		7
CITY-ST-ZIP			5.4 CITY-	S1-ZIP		1-1-
TITLE		∐ DEL <b>e</b> te	6.1 TITLE			Addition Addition
NAME			6.2 NAME			
STREET ADDRESS				1 ADDRESS		かいかってん
CITY-ST-ZIP	artifu that the information consulted	with this filling does not availed for	6.4 CITY-:	vice stated in t	Section 110 07/3Vi) Florida Statutos 15 other	JUC 15U
indicated	ermy mai me information supplied i on this annual report of supplied o	which this ming does not <b>quality to</b> r ital annual report is true <b>and a</b> ccul	rate and th	nat my signatur	Section 119.07(3)(i), Florida Statutes. I further one shall have the same legal effect as if made to	inder oath; that I am an
Indicated on this annual report or supplies with a mail 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 of the receiver or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ethingset, or on an attachment with repart or supplies with a special property of the receiver or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ethingset, or on an attachment with repart or supplies with a special property of the receiver or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						