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Secretary of State

03-01-1999 90187 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000005872

1. Corporation Name

JANIKAMMA KOTHALANKA, M.D., P.A.

Principal Place of Business

9400 SW 164 CT.

MIAMI FL 33196

Mailing Address

9400 SW 164 CT.

MIAMI FL 33196

542 SUGARMORE AVE  
CLEWISTON, FL 33440

542 SUGARMORE AVE  
CLEWISTON FL 33440

2. Principal Place of Business

21 542 SUGARMORE AVE

Suite, Apt. #, etc.

City & State

23 CLEWISTON FLORIDA

Zip Country

24 33440

25

2a. Mailing Address

26 542 SUGARMORE AVE

Suite, Apt. #, etc.

City & State

28 CLEWISTON FLORIDA

Zip Country

29 33440

30

9. Name and Address of Current Registered Agent

KOTHALANKA, RAMAKRISHNA

9400 SW 164 CT.

MIAMI FL 33196

542 SUGARMORE AVE  
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

22-3077166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME KOTHALANKA, JANIKAMMA MD  
STREET ADDRESS 9400 SW 164 CT. 542 SUGARMORE AVE  
CITY-ST-ZIP MIAMI FL 33196 CLEWISTON FL 33440

TITLE S  
NAME KOTHALANKA, RAMAKRISHNA  
STREET ADDRESS 9400 SW 164 CT. 542 SUGARMORE AVE  
CITY-ST-ZIP MIAMI FL 33196 CLEWISTON FL 33440

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)