FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G01538** **(9)**

1. Corporation Name

V. PADMANABHAN, M.D., P.A.

Principal Place of Business

2885 TAMIAMI TR
PT CHARLOTTE FL 33952

Mailing Address

2885 TAMIAMI TR
PT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: **09/28/1982**

3a. Date of Last Report: **05/25/1995**

4. FEI Number: **59-2231781** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

LORICCO,CARLO J.
3005 CARING WAY
PORT CHARLOTTE FL 33952

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 Section 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 changes were 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 DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
PADMANABHAN, V
2885 TAMIAMI TR
PT CHARLOTTE FL

[ ] DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I declare 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 12 or Block 13 above, or on an attachment with an entry for my name.

SIGNATURE: V. S. Padmanabhan 4-15-96 941 624-7230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. PADMANABHAN

Date Daytime Telephone Number

CR2E034 (12/95)