2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2007 8:00 am
Secretary of State
05-16-2007 90020 046 ***150.00

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DOCUMENT # G01540

1. Entity Name
T. CHANDRAHASA, M.D., P.A.

Principal Place of Business	Mailing Address
~~2400 HARBOR BLVD PORT CHARLOTTE FL 33952 US~~	~~2400 HARBOR BLVD PORT CHARLOTTE FL 33952 US~~
2. Principal Place of Business - No P.O. Box # 3400 TAMIAMI TRAIL	3. Mailing Address 3400 TAMIAMI TRAIL
Suite, ~~Apt. #, etc.~~ 201	Suite, ~~Apt. #, etc.~~ 201
City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33952 Country USA ~~CHARLOTTE~~	Zip 33952 Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2231783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LO RICCO, CARLO J.
3005 CARING WAY
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHANDRAHASA, T, MD 3400 TAMIAMI TR SUITE 201 PORT CHARLOTTE FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T Chandrahasa 6/19/07 941-743-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #