

FILED  
Jun 04 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G01541 (3)</b> 1. Corporation Name <b>B. ADHINARAYANAN, M.D., P.A.</b>			
Principal Place of Business		Mailing Address	
<b>C/O CARLO J LO RICCO</b>		<b>C/O CARLO J LO RICCO</b>	
<b>2885 TAMIAHI TRAIL</b>		<del>2885 TAMIAHI TRAIL</del>	
<b>PT CHARLOTTE FL 33952</b>		<b>PT CHARLOTTE FL 33952</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 <b>3005 CARING WAY</b>	
22 City & State		27 Suite, Apt #, etc.	
23 Zip Country		28 City & State	
24 25		29 <b>PORT CHARLOTTE, FL</b>	
		30 <b>33952 Charlotte</b>	
<b>9. Name and Address of Current Registered Agent</b>  <div style="float: left; width: 80%;"> <b>LO RICCO, CARLOS J.</b>  <del>2885 TAMIAHI TRAIL</del> <b>3005 Caring Way</b>  <b>PORT CHARLOTTE FL 33952</b> </div> <div style="float: right; width: 15%;">             b1 Name              b2 Street Address              b3              b4 City           </div>			
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)			
<b>OFFICERS AND DIRECTORS</b>			
<b>12.</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P ADHINARAYANAN, B G 2885 TAMIAHI TRAIL PT CHARLOTTE, FL 00000</b> <input type="checkbox"/> DELETE		<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
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[illegible]

DO NOT WRITE IN THIS SPACE

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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 as an attachment with an address.

**SIGNATURE:**