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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

G01541

(3)

8. ADHINARAYANAN, M.D., P.A.

FILED
Jun 04 1998 8:00am
Secretary of State



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Principal Place of Business Mailing Address													
C/O CARLO J LO RICCO				C/O CARLO J LO RICCO									
2885 TAMIAMI TRAIL PT CHARLOTTE FL 33952			PT CHARLOTTE FL 33952						DO NOT WRITE IN THIS SPACE				
11 Olawicon	12 12 00002		TI SIRMLESTIC TE STORE					3. Date Incorporated or Qualified					
										09/28/1982			
2. Principal Place of Business				2a. Mailing Address					4.	. FEI Number			pplied For
21				26 3005 CARING WAY					59-2231785			-	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				/	5.	. Certificate of Status Desire	o 🗌		Additional	
22			27	0: 00:									lequired
City & State	е			ملام حمد	Als	TIE	<u></u>	: /	6.	. Election Campaign Finance	ing 🖂		May Be
23		Country	28	10K C7111	וטניי	Count			<u> </u>	Trust Fund Contribution			to Fees
Zip	 	Country	201	2296	20	nH	امط	TIE	8.	 This corporation owes or hearth of the Personal Property Tax due 			∏ No
24	9. Name and	Address of Current	[29] . Realst	tered Agent	130	7	<i>y</i> - <i>y</i>	2116	10.	Name and Address of Ne			-=
10	<u></u>					81	Nai	ne		·			
LO RICCO, CARLOS J.											1.11.1	<u> </u>	
D-0-1	OT CUANION TO	נייי	ngway			Stre	eet Addre	SS (F	P.O. Box Number is Not Acc	eptable)			
Pu	RT CHARLOTT	E FL 33932				63	1	· · · · · · · · · · · · · · · · · · ·					
											 		
_						84	City	1			FL	_ 85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.0502	and 60	07.1508, Florida Sta	itutes, th	ne abov	.L /e-nan	ned corpo	ratio	on submits this statement fo	the nurnose o	of changing i	its registered
office or r	repistered agent.	or both, in the State o	it Florid	ta. Such change wa	as autho	rized b	y the	corporatio	n's l	board of directors. I hereby	accept the ap	pointment as	s registered
·	ım ıa mınar wito, a	ard accept the obligat	OHS OF	, acciron bor.caoa,	rioriua	Statute	ю.						
SIGNATURE	Signature Typed or pri	nted name of registered agen	and tile i	it apple able (1	NOTE Regi	istered Ag	jent sign	ature required	d wher	on reinstating)	DATE		
12.		OF LICERS AND			T	13.				ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	P			DELETE		1.1 TITLE						Change	Addition
NAME	ADHINARAY	'ANAN, B G			- 1	1.2 NAME		- 1					
STREET ADDRESS	2885 TAMIA					1.3 STREE	T ADDRE	ss					
CITY-ST-ZIP		TTE, FL 00000				1.4 CITY- !	ST-ZIP						
TITLE	1.1 57			DELETE		2 1 7(TLF						Change	☐ Addition
NAME					1	2.2 NAME							
STREET ADDRESS						2.3 STREE	T ADDRE	ss					
CITY-ST-ZIP					1	2. 4 CITY -	ST-ZIP	l			<u> </u>		
TITLE				DELETE		3.1 TITLE						☐ Change	☐ Addition
NAME						3.2 NAME							
STREET ADDRESS						3.3 STREE	T ADDR	ss					
CITY-ST-ZIP						3.4. CITY-	ST-ZIP						*
TITLE				DELETE		4.1 TITLE						☐ Change	Addition
NAME						4. 2 NAME							
STREET ADDRESS						4.3 STREE	i addri	ss					
CITY-ST-ZIP						4.4 CITY-	ST-ZIP						
TITLE				DELETE		5 1 TALE						Change	☐ Addition
NAME						5.2 NAME							
STREET ADDRESS						5.3 STREE	t addri	ss					
CITY-ST-ZIP	_					5 4 CITY-	S1 - ZIP						
TITLE				DELE te		6.1 TITLE						☐ Change	Addition
.NAME						62 NAME							
STREET ADDRESS					1	63 STREE	1 ADDRS	ss					
CITY-ST-ZIP						64 CITY-	S1-ZIP						
14. I hereby										ion 119.07(3)(i), Florida State all have the same legal effe			
officer or	dir ec tor of the co	orporation or the≱recei	ver oj _ø t	trustee empowered	to exac	ute this	repo	t as requi	ired	by Chapter 607, Florida Sta	tutes; and that	my name a	ppears in
Block 12	or Blo ck 13 if ch	anged, or or av altac	ime#L)	yfith an address.						1 1			