


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State


03-29-2004 90074 013 ***150.00

DOCUMENT # G01541 1. Entity Name B. ADHINARAYANAN, M.D., P.A.	
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Principal Place of Business C/O CARLO J LO RICCO 3005 CARING WAY, SUITE A PT CHARLOTTE, FL 33952	Mailing Address C/O CARLO J LO RICCO 3005 CARING WAY, SUITE A PT CHARLOTTE, FL 33952 US
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2. Principal Place of Business 2400 HARBOR BLVD #16 Suite, Apt. #, etc. 16 City & State PT. CHARLOTTE, FL Zip 33952 Country USA	3. Mailing Address 2400 HARBOR BLVD Suite, Apt. #, etc. 16 City & State PORT CHARLOTTE, FL Zip 33952 Country USA
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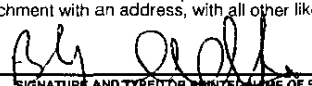
	
01122004 Chg-P	CR2E034 (10/03)
4. FEI Number 59-2231785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LO RICCO, CARLOS J. 3005 CARING WAY SUITE A 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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADHINARAYANAN, B G 2400 HARBOR BLVD UNIT 16 PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: 	Date: 1-22-04 Daytime Phone #: 941 6131223