2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 16, 2004
Secretary of State

DOCUMENT# G01863

Entity Name: PRADEEP MATHUR, M.D., P.A.

Current Principal Place of Business:

999 S VOLUSIA AVE
ORANG CITY, FL 32763 US

New Principal Place of Business:

999 S VOLUSIA AVE
ORANGE CITY, FL 32763 US

Current Mailing Address:

999 S VOLUSIA AVE
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2219691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHUR, PRADEEP, M.D., P.A.
999 S VOLUSIA AVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MATHUR, PRADEEP, MD,
Address: 999 S VOLUSIA AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete
Name: MATHUR, PRADEEP, M.D, .
Address: 999 S VOLUISA AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: MATHUR, PRADEEP
Address: 999 S VOLUSIA AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D (X) Change ( ) Addition
Name: MATHUR, PRADEEP
Address: 999 S VOLUISA AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: S/D ( ) Change (X) Addition
Name: AMILINENI, RAM M
Address: 999 S. VOLUSIA AVENUE
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRADEEP MATHUR P 12/16/2004
Electronic Signature of Signing Officer or Director Date