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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G37986

(8)

AGGARWAL MEDICAL ASSOCIATES, P.A.

Principal Place of Business  MUKESH AGGARWAL, M.D.  1045 N. COURTENAY PKWY. MERRITT ISLAND FL 32953		. 3	Mailing Address				f 120fitt anna ertit 15ath imint entem Di	***************************************	Bibli Albis bibis	<b>WIRT 1891</b>
		% MUKESH AGGARWAL. M.D. 1045 N. COURTENAY PKWY. MERRITT ISLAND FL 32953-4531								
W) 4.11 (1.1						3. Date Incorporated or Qualified			eport	
·	ace of Business	2a. Mailing Address				4.	FEI Number		<del></del>	plied For
21	6 zi:	Suite Apt. #, etc.			-	59-2293705			ot Applicable	
Strite, Apt. (	#, EUC	27			5.	Certificate of Status Desired		\$8.75 A		
City & State	3	City & State			6.	Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to		
<i>Ζ</i> φ	Country	Zip	Country			8.	This corporation has liability for			. 199.032,
24	25 29 30					<u></u> _		Yes		
	9. Name and Address of Current F	legistered Agent		81	Name	10.	Name and Address of New R	egistered	Agent	
AGGARWAL, MUKESH, M.D.										
	5 N.COURTENAY PKWY. IRITT ISLAND FL 32953			82	Street Addr	ress (P	O. Box Number is Not Accepta	ible)		
MEN	INITI ISLAND FL 32833			B3	<del></del>					
			  -		-				- Y	
				84	City			FL	85 Zip (	Code
agent Lai SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typic or probation on a personal agent is	ons of, Section 607.0505, F	lorida Stat	utes.	nt signature requir	red when	ı reinstaring)	DATE		
12.	OFFICERS AND (		13.				ADDITIONS/CHANGES TO OFF	CERS AN	P-0-2	
t-lif	P AND	☐ DELETE	1,1 1(1		1				L] Change	L. Addition
NAME	AGGARWAL, MUKESH 1045 N.COURTENAY PKWY.			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	MERRITT ISLAND, FL 00000		1		ı					ļ
CHY-ST-700 THEF	MENNITI ISCATO, TE 0000	DELETE		1.4 City - ST - ZIP 2.1 TITLE					Change	Addition
NAME				2.2 NAME						
STREET ADDRESS					ADORESS					1
C:TY+S1 ZiP			2.4 C	TY-\$	T-21P					
11 LE		DELETE	3.1 11						Change	Addition
N/J/H			3.2 NA	ME	1					
SUREET ADORESS			3.3 ST	REET	ADORESS					
GHY-ST ZIF			3.4. C		T - ZIP					
INLE		☐ DELETE	4.1 31						☐ Change	Addition
NAME			4. 2 N		1					
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			4400		I-ZIP				Change	Addition
Hitt Even		<del></del>		1 TITLE 2 NAME					☐ Change	LJ ROUILIUIT
NAME STREET ADDRESS: 1					ADORESS					İ
City - St - Zip			5.4 Cf							
Titte		DELETE	6.1 Ti		1-411				Change	Addition
NAME			5.2 N							
STREET ACTORESS			- 6		ADDRESS					
Calife ST ZIP			6.4 CI							

14. I do 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 eath; that I am air off per 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 change), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED

**FILED** 

Apr 03 1997 8:00am

Secretary of State