

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G42449 (0)  
1. Corporation Name  
S. DEVARAKONDA, M.D., P.A.



Principal Place of Business: 1507 W REYNOLDS ST STE B PLANT CITY FL 33567 US  
Mailing Address: 1507 W REYNOLDS ST STE B PLANT CITY FL 33567 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 07/14/1983  
4. FEI Number: 59-2105971  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [X] No [ ]

9. Name and Address of Current Registered Agent: DEVARAKONDA, S MD 1507 W REYNOLDS ST STE B PLANT CITY FL 33567

10. Name and Address of New Registered Agent (81-84) and State (85) details.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab... office or registered agent, or both, in the State of Florida. Such change was authorized t... agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statute

Corporation submits this statement for the purpose of changing its registered... ion's board of directors. I hereby accept the appointment as registered... 2-12-98

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

11. Signature: [Signature]  
12. OFFICERS AND DIRECTORS  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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 on an attachment with an address.

SIGNATURE: [Signature]

2/12/98

CR2E034 (10/97)