


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90099 048 \*\*\*150.00

<b>DOCUMENT # G47407</b> 1. Entity Name SHYAM B. PARYANI, M.D., P.A.					
Principal Place of Business 3599 UNIVERSITY BLVD S SUITE 1000 JACKSONVILLE, FL 32216 US			Mailing Address P O BOX 197657 JACKSONVILLE, FL 32245 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. O. Box 19919			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville, FL		4. FEI Number 59-2308016	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32245		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  PARYANI, SHYAM B MD 8001 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARYANI, SHYAM B MD 8001 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #