

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

FILED
Feb 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # G52347 (3)
1. Corporation Name
NASIRDIN H. MADHANY, M.D., P.A.



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| Principal Place of Business 9430 TURKEY LAKE ROAD #108 ORLANDO FL 32819 | Mailing Address 9430 TURKEY LAKE ROAD #108 ORLANDO FL 32819-8035 |
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| 2. Principal Place of Business 21 5646 Masters Blvd. Suite, Apt. #, etc. | 2a. Mailing Address 26 5646 Masters Blvd Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 08/03/1983 | 3a. Date of Last Report 03/04/1996 |
| 22 City & State 23 Orlando Florida Zip Country | 27 City & State 28 Orlando Florida Zip Country | 4. FEI Number 59-2316286 | Applied For Not Applicable |
| 24 32819-4020 | 25 Orange | 29 32819-4020 | 30 Orange |
| 9. Name and Address of Current Registered Agent MADHANY, NASIRDIN H. 9430 TURKEY LAKE ROAD #108 ORLANDO FL 32819 | | 10. Name and Address of New Registered Agent | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes. | | 81 Name Madhany Nasirdin H | |
| SIGNATURE: Nasirdin Madhany MD Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating.) | | 82 Street Address (P.O. Box Number is Not Acceptable) 5646 Masters Blvd | |
| | | 83 | |
| | | 84 City Orlando | |
| | | 85 Zip Code FL 32819 | |
| DATE 2/14/97 | | | |

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|----------------------------|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADHANY, NASIRDIN H | 1.2 NAME | |
| STREET ADDRESS | 5646 MASTERS BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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: **Nasirdin Madhany MD** Date: **2/14/97** Daytime Phone: **407-352-0337**

CR2E034 (9/96)