2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 31, 2006 08:00 AM DOCUMENT # G58891 **Secretary of State** 1. Entity Name PAVITAR S. CHEEMA, M.D., P.A. Mailing Address Principal Place of Business 38023 MEDICAL CENTER AVE. ZEPHYRHILLS FL 33540 38023 MEDICAL CENTER AVE. ZEPHYRHILLS FL 33540 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2313609 Not Applicate Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHEEMA, PAVITAR S. Street Address (P.O. Box Number is Not Acceptable) 38023 MEDICAL CENTER AVE. ZEPHYRHILLS FL 33540 Zip Code City 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the pur the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and blic it worksable DATE (NOTE Registered Agent signature required when remaining) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete THILE U00000410823 MAME CHEEMA, PAVITAR S., MD, NAME 02/09/06-80053-001 150.00 STREET ADDRESS 38023 MEDICAL CENTER AVE STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP CUY-ST-7/P ☐ Change ☐ Addition ☐ Delete TULE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 33T) § ☐ Change Marin Marin TOTE NAME MAME STREET ADDRESS STREET AUDHESS CITY-ST-ZIP DITY-\$3-20P ☐ Change T Addilio 3111 F Defete TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ ***** ☐ Delete ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- \$7- 20P CITY-ST-ZIP Change DAME: ☐ Delete BRE 1171.8 NAME NAME STREET ADDRESS STRELL AUDRESS CSTY - ST - ZIP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 trustset 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 organ attachment with an address, with all other like empowered.

PAULTAR S. Cheema 1/23/08

FILED