2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G65556

1. Entity Name
MANOJ B. SHUKLA, M.D., P.A.

Principal Place of Business	Mailing Address
5616 W NORVELL BRYANT HWY CRYSTAL RIVER, FL 34429 US	5616 W NORVELL BRYANT HWY CRYSTAL RIVER, FL 34429 US

DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2348526
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHUKLA, MANOJ B.
5616 W NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34429

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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 ERROR
Signature, type or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHUKLA, MANOJ B.
STREET ADDRESS	5616 W. NORVELL BRYANT GWY
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	T
NAME	SHAH, VIKRAM
STREET ADDRESS	5616 W. NORVELL BRYANT HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	VP
NAME	ABRAHAM, SUNOJ
STREET ADDRESS	5616 W NORWELL BRYANT HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80035-011 150.00

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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: 1/25/07 352-795-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #