

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

FILED  
Feb 17, 1999 8:00am  
Secretary of State

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02-17-1999 90086 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # G66223  
1. Corporation Name  
DR. SUBHASH R. TIWARI, M.D., P.A.

Principal Place of Business  
4620 PROFESSIONAL LOOP  
NEW PT RICHEY FL 34652  
US

Mailing Address  
4620 PROFESSIONAL LOOP  
NEW PT RICHEY FL 34652  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

30

3. Date Incorporated or Qualified  
10/25/1983

4. FEI Number  
59-2364810  
Applied For  
Not Applicable

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
TIWARI, DR. SUBHASH R., M.D.  
3354 LANDING COURT  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
P	TIWARI, DR SUBHASH R., MD	<input type="checkbox"/>
	3354 LANDING COURT	
	PALM HARBOR FL	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1			<input type="checkbox"/>	<input type="checkbox"/>
1.2				
1.3				
1.4				
2.1			<input type="checkbox"/>	<input type="checkbox"/>
2.2				
2.3				
2.4				
3.1			<input type="checkbox"/>	<input type="checkbox"/>
3.2				
3.3				
3.4				
4.1			<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2				
4.3				
4.4				
5.1			<input type="checkbox"/>	<input type="checkbox"/>
5.2				
5.3				
5.4				
6.1			<input type="checkbox"/>	<input type="checkbox"/>
6.2				
6.3				
6.4				

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, on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/29/99 727-8247-1618

CR2E034 (11/98)