


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90396 006 ***150.00

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

Principal Place of Business 3006 US HWY 19 HOLIDAY, FL 34691 US	Mailing Address 3006 US HWY 19 HOLIDAY, FL 34691 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2364810

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable



6. Name and Address of Current Registered Agent

TIWARI, DR. SUBHASH R., M.D.
 3354 LANDING COURT
 PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 3006 U S HWY 19

City HOLIDAY FL Zip Code 34691

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:  DATE: 4/24/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

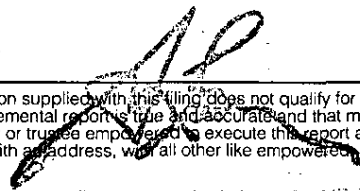
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIWARI, DR SUBHASH R., MD 3354 LANDING COURT PALM HARBOR, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental reports 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 empowerments.

SIGNATURE:  DATE: 4/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #