


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 023 \*\*\*158.75

<b>DOCUMENT # G68381</b> 1. Entity Name <b>SESHADRI &amp; SESHADRI, M.D.S, P.A.</b>					
Principal Place of Business <b>2841 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>2841 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business <b>2841 TAMiami TRAIL</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PORT CHARLOTTE</b>		City & State		4. FEI Number <b>59-2335077</b>	
Zip <b>FL 33952</b>		Country <b>U.S.A</b>		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>SESHADRI, SASH 2841 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent.				Signature, typed or printed name of registered agent and title if applicable. <b>ERRA J</b>	
SIGNATURE:				DATE <b>2/8/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SESHADRI, SASH 2841 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SESHADRI, KALA 2841 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <b>SASH</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					