2007 FOR PROFIT CORPORATION..... ANNUAL REPORT (AR)

FILED Apr 20, 2007 08:00 AM Secretary of State DOCUMENT # H19577 PANDYA & NIME, M.D., P.A. Principal Place of Business Mailing Address PATHOLOGY LAB 110 LONGWOOD AVE 515 W. MERRITT AVE MERRITT ISLAND **ROCKLEDGE FL 32955** MERRITT ISLAND FL 32953 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & Stato 4. FEI Number 59-2453855 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PANDYA, SUMANT, M.D. Street Address (P.O. Box Number is Not Acceptable) 515 W. MERRITT AVE **MERRITT ISLAND FL 32953** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed hame of registered agent and title in applicable (NOTE: Registered Agest signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD HHE ШЕ Defete ☐ Change Addition | PANDYA, SUMANT M.D. NAME NAM 515 W. MERITT AVE. STREET ADDRESS STREET ADDRESS U00000720047 MERRITT ISLAND FL CHY-SI-7IP CITY-ST-ZIP 05/01/07-80087-025 150.00 $\overline{\mathsf{VD}}$ Detete ☐ Change ☐ Addition NIME, FREDA, M.D. NAME 110 LONGWOOD AVE. STRUCT ADDRESS STREET ADDRESS ROCKEDGE FL CITY-ST-ZIP CITY-S1-ZIP TIDE. ☐ Delete THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILL ☐ Delete Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-7IP DHI Delete ■ Addition 11111 ☐ Change NAMI' NAM STREET ADDRESS STREET ADORESS CHY-S1-7IP CHY-SI-7P 1000 Delete mu ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 eath, 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.

STREET ADDRESS

CHY-SI-7IP

NAME

SIGNATURE:

NAMC

STRUET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/17/01

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