

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 022 ***150.00

DOCUMENT # H19577 1. Entity Name PANDYA & NIME, M.D., P.A.					
Principal Place of Business PATHOLOGY LAB 110 LONGWOOD AVE ROCKLEDGE FL 32955 US			Mailing Address 515 W. MERRITT AVE MERRITT ISLAND MERRITT ISLAND FL 32953		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 480 SAIL LANE APT # 701 MERRITT ISLAND FL 32953 USA			
City & State Zip Country		City & State MERRITT ISLAND FL 32953		4. FEI Number Applied For 59-2453855 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PANDYA, SUMANT, M.D. 515 W. MERRITT AVE MERRITT ISLAND FL 32953			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when restate) _____ DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANDYA, SUMANT M.D. 515 W. MERITT AVE. MERRITT ISLAND FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANDYA, SUMANT M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 480 SAIL LANE, APT # 701 MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIME, FREDA, M.D. 110 LONGWOOD AVE. ROCKEDGE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____			3/25/08 _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		