

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H39396

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: KARIA & PATEL STIRLING HEALTH CENTER, P.A.

## Current Principal Place of Business:

3109 STIRLING RD.  
STE 106  
FT LAUDERDALE, FL 33312 US

## New Principal Place of Business:

## Current Mailing Address:

3109 STIRLING RD.  
STE 106  
FT LAUDERDALE, FL 33312 US

## New Mailing Address:

FEI Number: 59-2530089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, DHIRAJ MD  
3109 STIRLING ROAD  
SUITE 106  
FT. LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

DHIRAJ, PATEL M.D.  
3109 STIRLING ROAD  
SUITE 106  
FT. LAUDERDALE, FL 33312 US

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.

SIGNATURE: DHIRAJ B. PATEL

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: KARIA, KISHOR, M.D.,  
Address: 3300 DOCKRIDE DR  
City-St-Zip: COOPER CITY, FL 33026

Title: S ( ) Delete  
Name: PATEL, DHIRAJ, M.D.,  
Address: 2929 PADDOCK LANE  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KARIA, KISHOR, M.D.,  
Address: 3300 DOCKRIDE DR  
City-St-Zip: COOPER CITY, FL 33026

Title: S (X) Change ( ) Addition  
Name: PATEL, DHIRAJ, M.D.,  
Address: 1259 PEREGRINE WAY  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DHIRAJ B. PATEL

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04/25/2006

Electronic Signature of Signing Officer or Director

Date