2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90040 031 ***158.75

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01042008 Chg-P CR2E034 (12/06)

DOCUMENT # H39396

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

Principal Place of Business
3109 STIRLING RD.
STE 106
FT LAUDERDALE, FL 33312 US

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

City & State

Zip | Country | Zip | Country

4. Fei Number
59-2530089

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE:

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Amendment Changing Principal Place of Business or Mailing Address ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
P	KARIA, KISHOR, M.D.	~~3300 DOCKRIDE DR~~	COOPER CITY, FL 33026
S	PATEL, DHIRAJ, M.D.	~~4250 PEREGRINE WAY~~	~~WESTON, FL 33~~327

11. ADDITIONAL OFFICERS OR DIRECTORS

Title	Name	Street Address	City, St, Zip
	KARIA, KISHOR, M.D.	3109 STIRLING RD, SUITE 106	FORT LAUDERDALE, FL 33312
	PATEL, DHIRAJ, M.D.	3109 STIRLING RD, SUITE 106	FORT LAUDERDALE, FL 33312

12. I hereby certify that the corporation named in this report does not qualify for the exemptions contained in Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report filed herein 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 above, or on an attached sheet with other officers and directors.

SIGNATURE: 1-4-08 954-963-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR