

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H49515

(0)

1. Corporation Name

PRAPI ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 2536
DES PLAINES IL 60017-2536

Mailing Address

P.O. BOX 2536
DES PLAINES IL 60017-2536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1985

3a. Date of Last Report

07/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2541405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

22. City & State

23

Zip

Country

24

Country

27. City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALEY, WILLIAM J.
10 N.COLUMBIA ST.
LAKE CITY FL 32055**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

PATEL, VARSHA A.

STREET ADDRESS

4295 EISENHOWER CIRCLE

CITY - ST - ZIP

HOFFMAN ESTATES IL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

PATEL, ARVIND, M.D.

STREET ADDRESS

4295 EISENHOWER CIRCLE

CITY - ST - ZIP

HOFFMAN ESTATES IL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

D

NAME

KOTHARI, PUNITA, M.D.

STREET ADDRESS

600 MEADOW LAKE DR.

CITY - ST - ZIP

TIFFIN OH 44893

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

P

NAME

KOTHARI, DR. PRASHANT

STREET ADDRESS

1600 MEADOWLAKE DR

CITY - ST - ZIP

TIFFIN OH

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arvind Patel MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/90 708 299,6100
Date Time Printed