


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90053 017 ***150.00

DOCUMENT # H73370 1. Entity Name SALIGRAMA BHAT, M.D., P.A.					
Principal Place of Business % SALIGRAMA BHAT 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952				Saligrama Bhat M.D.P.A. 3280 Tamiami Trail Suite 3 Port Charlotte, FL 33952	
2. Principal Place of Business 3280 TAMIAMITRAIL, SUITE 3		3. Mailing Address Suite, Apt. #, etc. SUITE 3			
City & State Zip		City & State Zip		4. FEI Number 59-2569181	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHAT, SALIGRAMA 3280 TAMIAMITRAIL 2885 TAMIAMITRAIL SUITE 3 PORT CHARLOTTE, FL 33952				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete BHAT, SALIGRAMA 2885 TAMIAMITRAIL 3280 TAMIAMITRAIL PORT CHARLOTTE, FL SUITE 3		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	
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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 exemption stated in Section 119.07(3)(i), 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: <i>Saligrama Bhat</i> SALIGRAMA BHAT M.D. PA. 1/30/05 941629 8006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50010483



01142005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code