FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # H73529 (0)BACHU PATEL, M.D. P.A. Principal Place of Business Mailing Address 469 N. HARBOR CITY BLVD. 469 N. HARBOR CITY BLVD. MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1985 2. Principal Place of Business 2a. Mailing Address 4: FEI Number Applied For 21 26 59-2578713 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the currence of the lune 30. Ζiρ Country Country gear Intangible 24 25 29 30 Personal Property Tax due June 30, □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PATEL, BACHU 469 N. HARBOR CITY BLVD. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935 83 City 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 toth, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. office or registered agent, or agent. I am familiar with, and SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change NAME PATEL, BACHU 1.2 NAME 469 HARBOR CITY BLVD STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. 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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Сћапде

Addition

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

___ DELETE

REQUIRED