

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H73755**

V.S. SETTY, M.D., P.A.

Principal Place of Business
SE 4TH AVE.
LAUDERDALE FL 33316

Mailing Address
1835 SE 4TH AVE.
FT. LAUDERDALE FL 33316

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90004 002 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/28/1985

4. FEI Number

59-2723531

Applied For

Not Applicable

ite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

y & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Country
25

Zip
29

Country
30

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, JEROME
4200 NW 16TH ST.
PENTHOUSE E
LAUDERHILL FL 33313

81 Name

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

83

84 City

FL

85 Zip Code

ursuant 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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS

ZIP

PD
SETTY, S.V.S., M.D.
7340 NW 83RD. AVE.
TAMARAC FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

ZIP

DS
SETTY, PREMALEELA
7340 NW 83RD. AVE.
TAMARAC FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

ereby 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
icated 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
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
Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE: *Setty M.D. PREMALEELA S. SETTY* 9/13/99 (954) 463-6555

CR2E034 (5/99)