


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

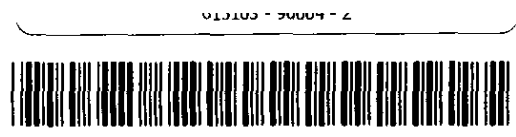
FILED
Sep 15, 1999 8:00 am
Secretary of State
 09-15-1999 90004 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT **1999**



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

DOCUMENT # **H73755** ✓
 Corporation Name
V.S. SETTY, M.D., P.A.



Principal Place of Business
**1835 SE 4TH AVE.
 FT. LAUDERDALE FL 33316**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1985

4. FEI Number
59-2723531

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 owes the current year Intangible Personal Property. Yes No

Principal Place of Business
 26

Suite, Apt. #, etc.
 27

City & State
 28

Country
 29

Zip
 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

I, the undersigned, being duly qualified, in accordance with 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	DS SETTY, PREMALEELA 7340 NW 83RD. AVE. TAMARAC FL <input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS ZIP		1.3 STREET ADDRESS	
ADDRESS ZIP		1.4 CITY-ST-ZIP	
ADDRESS ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		2.2 NAME	
ADDRESS ZIP		2.3 STREET ADDRESS	
ADDRESS ZIP		2.4 CITY-ST-ZIP	
ADDRESS ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		3.2 NAME	
ADDRESS ZIP		3.3 STREET ADDRESS	
ADDRESS ZIP		3.4 CITY-ST-ZIP	
ADDRESS ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		4.2 NAME	
ADDRESS ZIP		4.3 STREET ADDRESS	
ADDRESS ZIP		4.4 CITY-ST-ZIP	
ADDRESS ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		5.2 NAME	
ADDRESS ZIP		5.3 STREET ADDRESS	
ADDRESS ZIP		5.4 CITY-ST-ZIP	
ADDRESS ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		6.2 NAME	
ADDRESS ZIP		6.3 STREET ADDRESS	
ADDRESS ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **Premaleela S. Setty, M.D.** 9/13/99 (954) 463-6555

CR2E034 (5/99)