

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H88804

1. Entity Name
TAMMIRAJU S. KALIDINDI, M.D., P.A.



Principal Place of Business
7420 N.W. 5TH STREET
SUITE 103
PLANTATION, FL 33317 US

Mailing Address
7420 N.W. 5TH STREET
SUITE 103
PLANTATION, FL 33317 US

REINSTATEMENT 09



11022004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2620745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALIDINDI, TAMMIRAJU S.
7420 N.W. 5TH STREET
SUITE 103
PLANTATION, FL 33317

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

K S R T Raju

11/8/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KALIDINDI, TAMMIRAJU S.
STREET ADDRESS 7420 N.W. 5TH STREET, #103
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Change ☐ Addition
NAME 700042631447
STREET ADDRESS 11/10/04--01025--001 **\$150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

K S R T Raju

11/8/04

11/8/04



Gutta Koutoulas & Relis LLC

Certified Public Accountants & Consultants

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 2, 2004

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Tammiraju S. Kalidindi, MD, PA
H88804

Dear Sir or Madam:

We discovered that our client's corporation has been dissolved for non-filing of their annual report.

Our client does not recall receiving any notices regarding the annual report.

We are enclosing a signed 2004 For Profit Corporation Reinstatement form and a check in the amount of \$150.00.

We respectfully request the status be reactivated immediately.

Please give me a call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Steve Relis', written over a horizontal line.

Steve Relis
Gutta, Koutoulas, & Relis LLC