

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J10419**

1. Entity Name  
BIKKASANI, RAM AND HELLSTERN, M.D., P.A.



Principal Place of Business  
6410 W. GULF TO LAKE HWY.  
CRYSTAL RIVER, FL 34429 US

Mailing Address  
2631 - A, NW 41 ST STREEY  
GAINESVILLE, FL 32606



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2676843

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BIKKASANI, PURNACHANDER R., M.D.  
6410 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429

**DO NOT WRITE  
IN THIS SPACE**

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 the Registered Agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000588913

01/17/07-80068-013 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BIKKASANI, P.R., M.D.  
6410 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RAM, ANIL  
6410 W. GULF TO LAKE HWY.  
CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
HELLSTERN, PAUL  
6410 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #