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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19633

(3)

SURESH DESAI, M.D., P.A.

FILED
Feb 04 1997 8:00am
Secretary of State



	e of Business	Mailing Addr	ress			I KORAKAO ODATA KENDU ARKAD ARKADA AKADA AKADA	ELBEL BEBE AND	ıl Mimil Miğir	81841 JAB1
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P.O. BOX 4214 ORMOND RCH	   FL 32174-5056	P.O. BOX 421 ORMOND BC		5020					
OTHICAS DOTI.	. 1	Ottaion DO		<b>~~</b>		3. Date Incorporated or Qualified 06/17/1986		of Last R	Report
2. Principal P	Tage of Business	2a. Mailing A	ddress			4. FEI Number			pplied For
21		26	····		<del>_</del>	59-2699211		No	ot Applicable
Suite, Apt.	. #, elo	Suite. Ap	t. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & Sta	ate			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζip	Country	Zip		Countr	у	8. This corporation has liability for it	ntangible ta	ax under s	. 199.032,
4]	25	29		30			] Yes 🔲		
	<ol><li>Name and Address of Cur</li></ol>	rrent Registered Age	nt			10. Name and Address of New Re	gistered A	gent	
ABR	YAHAM, ROBERT			8	Name				
	S. RIDGEWOOD AVE.			82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
	TONA BCH. FL 32114				0.000.700				
2				8:	3				
				84	City		<b>P-1</b>	<b>85</b> Zip	Code
					<u> </u>	rporation submits this statement for the pation's board of directors. I hereby accep	FL		
SIGNATURE	Signature, typical or printed trame of registrate			.=					
10		*******************************	(NO		gent signature requ	ured when reinstating)	DATE PEDS AND I	DIBECTOR	DC INI 12
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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, of on an anathement with an address.

SIGNATURE:X

Suresh Desai

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