

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J20207

(3)

1. Corporation Name:

RAJIV CHANDRA, M.D., P.A.

FILED

97 MAY 16 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business:

2202 S. BABCOCK ST., STE. 204
304
MELBOURNE FL 32901

Mailing Address:

2202 S. BABCOCK ST., STE. 204
304
MELBOURNE FL 32901-5370

3. Date Incorporated or Qualified

06/20/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2689991

Applied For

Not Applicable

6. 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 2202 S. BABCOCK ST.

Suite, Apt. #, etc.

22 102

City & State

23 MELBOURNE, FLORIDA

Zip

24 32901

Country

25 USA

2a. Mailing Address

26 20 E. MELBOURNE AVE.

Suite, Apt. #, etc.

27 # 104

City & State

28 MELBOURNE, FL. 32901

Zip

29 32901

Country

30 USA

9. Name and Address of Current Registered Agent

CHANDRA, RAJIV
20 EAST MELBOURNE AVENUE
MELBOURNE FL 32901

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

11. Pursuant 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
CHANDRA, RAJIV
STREET ADDRESS 502 RIO CASA SOUTH
CITY-STATE-ZIP INDIANALANTIC FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE - SAME - ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

20 E. MELBOURNE AVE., SUITE 104
MELBOURNE, FL. 32901

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

400002181724-0000
-05/16/97--01099--001
***1805.00 ***165.00

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4-28-97

Date

407-951-7404

Daytime Phone #

CR2E034 (9/96)