2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2008 8:00 am
Secretary of State
05-15-2008 90024 016 ***150.00

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1. Entity Name
MANISHI G. MUKHERJEE, M.D., P.A.

66013181

Principal Place of Business	Mailing Address
% MANISHI G. MUKHERJEE 5880 49TH STREET NORTH, SUITE 206 ST. PETERSBURG, FL 33709	% MANISHI G. MUKHERJEE 5880 49TH STREET NORTH, SUITE 206 ST. PETERSBURG, FL 33709

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04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2691023
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUKHERJEE, MANISHI G.
5880-49TH STREET NORTH
ST. PETERSBURG, FL 33709

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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: M.M. Mukherjee 4/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MUKHERJEE, MANISHI, G.
STREET ADDRESS	5880-49TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

M.M. Mukherjee MD 6/2/08
President of Corporation.