



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # J26445			
1. Entity Name SUBHASH C. GUPTA, M.D., P.A.			
Principal Place of Business % SUBHASH C. GUPTA 601 EAST SAMPLE ROAD, SUITE 105 POMPANO BEACH, FL 33064		Mailing Address % SUBHASH C. GUPTA 601 EAST SAMPLE ROAD, SUITE 105 POMPANO BEACH, FL 33064	
DO NOT WRITE IN THIS SPACE			
			
		07022007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2726440		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUPTA, SUBHASH C. 601 EAST SAMPLE ROAD, SUITE 105 CORAL SPRINGS, FL 33064		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUPTA, SUBHASH C., MD 10933 NW 12TH MANOR CORAL SPRINGS, FL		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/3/07 Daytime Phone # 9549431133	