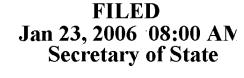
## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # J33405** 1. Entity Name P. KÓNDA, M.D., P.A.





Principal Place of Business

Mailing Address

13005 PALMS W STE 145 LOXAHATCHEE, FL 33470

13005 PALMS W STE 145 LOXAHATCHEE, FL 33470



DO N	OT	<b>WRIT</b>	EIN	<b>THIS</b>	SPACE
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Applied For 4. FEI Number 59-2731946 Not Applicable

5. Certificate of Status Desired

01122006

\$8.75 Additional Fee Required

CR2E034 (11/05)

KONDAPAVULURU, PRASAD SR.

6. Name and Address of Current Registered Agent

13005 PALM W

DC	NOT	WRITE
IN	THIS	SPACE

No Cha-P

LOXAHATCHEE, FL 33470			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registerer	i Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
title Name Street Address City-St-Zip	DS KONDAPAVULURU, PRASAD SR 13005 PLM W MEDICAL MALL LOXAHATCHEE, FL		•	•	(100000395545 U1/26/06-80055-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE Name Street address City-St-Zip				DO	NOT WRITE	
TTTLE Name Street address City-St-Zip				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		* 'TE young Dance taking to be been	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					The second secon	
12. I hereby o	certify that the information supplied with this fil	ing does not qualify for the exe	mptions cor	itained in Chapter 11	9, 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

7/06 561-301-51