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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997	DIVISION OF	CORPORATIONS	secretary of State
	JMENT # J8356 IA MEDICAL GROUP, P.A.	64 (1)		
Data star at D	and fit a boson	14-Nico Addreso		
Principal Prace of Business SUSHIL K. ASTHANA 1005 W COLLEGE BLVD NICEVILLE FL 32578		Mailing Address * SUSHIL K. ASTHANA 1005 W COLLEGE BLYD NICEVILLE FL 32578-1032		
				3. Date Incorporated or Qualified 3. Date of Last Report
2. Principa	d Place of Business	2a. Mailing Address		07/17/1987 02/27/1996 4. FEI Number Applied For
21		26		59-2830083 Not Applicable
	pt. #, etc.	Suite Apt. #, etc.		5 Cartificate of Status Degreed S8.75 Additional
22 City & S	tratta	City & State		Fee Required 8. Election Campaign Financing \$5.00 May Be
23	71171G	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes XYes No
	9. Name and Address of Cu	irrent Registered Agent	81 Na	10. Name and Address of New Registered Agent Vame
	STHANA, SUSHIL K.			
	005 W COLLEGE BLVD ICEVILLE FL 32578		82 Str	Street Address (P.O. Box Number is Not Acceptable)
141	INCAINT LE ASOLA		83	
			84 Cii	City 85 Zip Code
			1 1	-
agchl SIGNATUR	Stgrature typed or posted name of negistors			amed corporation submits this statement for the purpose of changing its registered to corporation's board of directors. I hereby accept the appointment as registered signature required when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Tille	P	DELETE	1.1 TITLE	Change Addition
NAM:	ASTHANA, SUSHIL K.	E	1.2 NAME	
SUBJECT ADDRES			1.3 STREET ADDR	DRESS
City-ST-7IP	NICEVILLE FL		1.4 CITY-ST-ZIP	
THIF	\$	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASTHANA, VIRGINIA A.		2.2 NAME	
STREET ADDRES	SS 1005 W COLLEGE BLVD NICEVILLE FL		2 3 STREET ADDA	**
CHY 51-761 Till:E	INIOEVILLE FL	DELETE	2 4 CITY - ST - ZAF 3.1 TITLE	Change Addition
NAM?		Last Percent	3.2 NAME	- Carlotte
STREET ADDRECT	8		3.3 STREET ADDR	DRESS
Cathi-St. Zie			3.4. CITY-ST-ZIF	
TULE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET AUDRES	85		4.3 STREET ADDR	
011Y \$1-76 1014F		☐ DELETE	4.4 Crty-ST-ZIP 5.1 TITLE	P Change Addition
NAME			5.2 NAME	C cumbs C vocation
STREET ADDRES	36		5.3 STREET ADDR	DRESS
CifY+S*+209			5.4 CITY-ST-ZIP	
TITLE	Livens	DELETE	61 TIRE	Change Addition
NAME			6.2 NAME	}.
STREET ADDRES	SS		6.3 STREET ADDR	DRESS
City:SL 7 P			6.4 CITY-ST-ZIP	ne [

14. If 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 have an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; any that my name appears in Block 12 or Block 13 if changed, or on

SIGNATURE:

Apr 10 1997 8:00am