2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# J89984

Entity Name: PATEL & GEDIA MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

2614 HOLLINGTON OAKS PL
BRANDON, FL 33511

New Principal Place of Business:

2204 S PARSON AVE
SEFFNER, FL 33584

Current Mailing Address:

2614 HOLLINGTON OAKS PL
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-2841694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEDIA, LAKHABHAI D., M.D.
2614 HOLLINGTON OAK PLACE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GEDIA, LAKHABHAI K.,, M.D.
Address: 2614 HOLLINGTON OAK PLACE
City-St-Zip: BRANDON, FL

Title: VP ( ) Delete
Name: PATEL, RAJNIKANT
Address: 18177 BRIDLE CLUB DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete
Name: AVAIYA, ASHOK
Address: 18559 BRIDLE CLUB DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TS ( ) Delete
Name: SHINGALA, ASHVIN
Address: 1508 EMERALD HILL WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GEDIA, LAKHABHAI D.,, M.D.
Address: 2614 HOLLINGTON OAK PLACE
City-St-Zip: BRANDON, FL

Title: VP (X) Change ( ) Addition
Name: PATEL, RAJNIKANT
Address: 10616 E MAIN ST. P O BOX 1169
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP (X) Change ( ) Addition
Name: AVAIYA, ASHOK
Address: 2204 S PARSON AVE
City-St-Zip: SEFFNER, FL 33584

Title: TS (X) Change ( ) Addition
Name: SHINGALA, ASHVIN
Address: 1029 EMERALD HILL WAY
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHVIN SHINGALA TS 04/09/2007

Electronic Signature of Signing Officer or Director — Date