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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J97317**

(8)

FILED Apr 17 1997 8:00am Secretary of State

1. Corporation Name ANIL KUMAR, M.D., P.A. Principal Place of Business 1050 N.W. 15TH STREET SUITE 114A BOCA RATON FL 33486-1341		SUITE 114A	1050 N.W. 15TH STREET		3. Date Incorporated or Qualified 3a. Date of Last Report			
					10/05/1987		04/23/1990	
	Place of Business	2a. Mailing Address	s	4.	FEI Number 59-285 1426			Applied For
21 Suite, Apt	t #, etc	26 Suite, Apt. #, et	lc.				\$8.7	Not Applicab Additional
22		27		6,	, Certificate of Status Desired	d 🗆		Required
City & Sta	ite	City & State		6.	. Election Campaign Financi	ing		0 May Be
23	Country	28	Country		Trust Fund Contribution	لِـا ـ		d to Fees
Ζιρ 24	25	29	30	8.	 This corporation has liability Florida Statutes 		igible tax unde is 🔲 No	rs. 199.032,
<u></u>	9. Name and Address of Cu		1901	10.	Name and Address of Ne			
KU	MAR, ANIL		81 Na	me				
	50 N.W. 15TH STREET		82 Str	eet Address (F	P.O. Box Number is Not Acc	eptable)		· · · · · · · · · · · · · · · · · · ·
	ITE 114A		83					
BO	CA RATON FL 33486-1341		65					
		•	[84] Cit	У	,		FL 85 Z	ip Code
11. Pursuan office or agent 1	t to the previsions of Sections 607 registered agent, or both, in the 8 am familiar with, and accept the c	7.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.05	Statutes, the above-nare was authorized by the 05, Florida Statutes.	ned corporatio corporation's t	on submits this statement for board of directors. I hereby a		ose of changing appointment	g its registere as registered
11. Pursuan office or agent 1 SIGNATURE	am familiar with, and accept the c	obligations of, Section 607.05	Statutes, the above-nare was authorized by the 0.5, Florida Statutes. (NOTE Registered Agent sign	nature required when		the purpo accept the	ATE	
agent I SIGNATURE	am familiar with, and accept the c Signature hypica or proted name of registers OFFICE RS	obligations of, Section 607.05	.05, Florida Statutes. (NOTE: Registered Agent sign	nature required when	n reinstating)	the purpo accept the	ATE	ORS IN 12
agent I SIGNATURE 12.	am familiar with, and accept the c Signature hybrid or proted name of register OFFICERS PTS KUMAR, ANIL	obligations of, Section 607.05 and agent and title if applicable AND DIRECTORS	.05, Florida Statutes. (NOTE: Registered Agent sign	nature required when	n reinstating)	the purpo accept the	ATE S AND DIRECT	ORS IN 12
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4. I do nereby certify that the information supplied with this tiling does not quality 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 eath; that it 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

Jan 31, 1997 561-3911010