

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **J97317**

1. Corporation Name ANIL KUMAR, M.D., P.A.

Principal Place of Business

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90166 019 ***150.00



1050 N.W. 15TH STREET Suite 114A Boca Raton FL 33486-1341	1050 N.W. 15TH STREET SUITE 114A BOCA RATON FL 33486-1341	•	DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 10/05/1987	S SPACE	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-2851426	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		untry	This corporation owes the current year I Personal Property Tax.	ntangible □ Yes □ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KUMAR, ANIL 1050 N.W. 15TH STREET SUITE 114A BOCA RATON FL 33486-1341		81 Name 82 Street Addre	ss (P.O. Box Number is Not Acceptable)	·	
		83			
DOOM INSTORT FL 22400-1241		84 City	F	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required v	when reinstating)	ATE	
		13. ADDITIONS/CHANGES TO OFF			
12. ·		1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
TITLE	F13 —			- •	_
NAME	KUMAR, ANIL	1.2 NAME			
STREET ADDRESS	1050 N.W. 15TH STREET	1.3 STREET ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY- ST- ZIP			
TITLE	DELETE	2.1 TITLE		☐ Change	☐ Addition (
NAME	•	2.2 NAME	_		1
STREET ADDRESS	the mark of the same of the sa	2.3 STREET ADDRESS	•		Ì
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STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP	·		.,
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition }
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STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME	•	5.2 NAME			1
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZiP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	organisation of the second of	6.2 NAME		•	
STREET ADDRESS	nger MBN 225 (MAPA)	6.3 STREET ADDRESS			
CITY-ST-ZIP	, · · · · · · · · · · · · · · · · · · ·	6.4 CITY-ST-ZIP	otion 110 07/2\/i\) Florida Statutos I furt		

I nereby 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 informationated 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: