

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K08243

1. Corporation Name
PANDYA & DODSON, M.D., P.A.

Principal Place of Business

% SNEHLATA S. PANDYA
1001 BEVERLY DRIVE
ROCKLEDGE FL 32955

Mailing Address

% SNEHLATA S. PANDYA
1001 BEVERLY DRIVE
ROCKLEDGE FL 32955

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90037 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1987

4. FEI Number

59-2860113

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 1001 Beverly Dr.

22 Rockledge FL.

23 32955 USA

24 32955 25 USA

2a. Mailing Address

26 1001 Beverly Drive

27 Suite, Apt. #, etc.

28 Rockledge FL

29 32955 30 USA

9. Name and Address of Current Registered Agent

PANDYA, SNEHLATA S.
1001 BEVERLY DRIVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name Women's Healthcare Center

82 Street Address (P.O. Box Number is Not Acceptable)

83 90 Susan Reeves

84 1001 Beverly Drive

85 Rockledge

FL

85 Zip Code 32955

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 registered 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 Melvin G. Dodson Melvin G. Dodson

4/1/99

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME PANDYA, SNEHLATA S.
STREET ADDRESS 1001 BEVERLY DRIVE
CITY-ST-ZIP ROCKLEDGE FL

TITLE D
NAME PANDYA, SNEHLATA S.
STREET ADDRESS 1001 BEVERLY DRIVE
CITY-ST-ZIP ROCKLEDGE FL

TITLE VPS
NAME DODSON, MELVIN G.
STREET ADDRESS 1001 BEVERLY DR
CITY-ST-ZIP ROCKLEDGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME Dodson, Melvin G.
1.3 STREET ADDRESS 1001 Beverly Drive
1.4 CITY-ST-ZIP Rockledge, FL 32955

2.1 TITLE D
2.2 NAME Dodson, Melvin G.
2.3 STREET ADDRESS 1001 Beverly Drive
2.4 CITY-ST-ZIP Rockledge, FL 32955

3.1 TITLE VPS
3.2 NAME Pandya, Snehlata S.
3.3 STREET ADDRESS 1001 Beverly Drive
3.4 CITY-ST-ZIP Rockledge, FL 32955

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE: Melvin G. Dodson 4/1/99 (407)639-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)