CR2E034 (11/98)

Addition

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FILED

Feb 18, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K34923**

1. Corporation Name

NAME

TITLE NAME . . .

TITLE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME ,

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

S. RAO KORABATHINA, M.D., P.A.

Principal Place of Business 4527 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Do NoT WRITE IN THIS SPACE In Thi		5. HAU KUNAD	MTHIIMA, IVI-D-, F-A-											
NEW PORT RICHEY FL 34852 NEW PORT RICHEY FL 34852 NEW PORT RICHEY FL 34852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O9/28/1988 2. Principal Place of Business 2a. Mailling Address 2b. Let Number 59-2910/267 Not Applied For Not		Principal Place of Busin	ess	Mailing Address				7	(1886 Stor and cold before once the cold and	4.6 4.6.		11. 81040.		
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-29 10267 Not Applicable 59-29 10267 Not Applicable 59-29 10267 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State City & State City & State City & State 28 Zip Country Zip Country S. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent NEW PORT RICHEY FL 34652 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent of 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 Statules. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS NEW PORT RICHEY FL NAME CITY ST. ZIP NEW PORT RICHEY FL 14. City ST. STREET ADDRESS NEW PORT RICHEY FL 15. Certificate of Status Desired Agent signature required when reinstating) Delice or registered agent. Signature required when reinstating) Delice or registered agent and this # appicable. NOTE: Registered Agent signature required when reinstating) Delice or registered agent and other familiar with and accept the Option Science of Science agent and other familiar with and science agent and other familiar with an	Į							DO NOT WRITE IN TI	HIS SPAC	E				
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scalible Status St	Ì	21	26	26					59-2910267					
City & State Trust Fund Contribution Added to Fees This corporation owes the current year Intangible Personal Property Tax. Added to Fees No Street Address of New Registered Agent 10. Name and Address of New Registered Agent KORABATHINA, S. RAO DR MD. 4527 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY FL 34652 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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, or mainliar with, and accept the obligations of, Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and the appointment as registered agent and the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of				<u> </u>					5.	Certifcate of Status Desired	~ - · · · · · · · · · · · · · · · · · ·			
Zip Country Zip Country	1	City & State		— — · · ·	& State				6.					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		Zip		·		_	Country		8.	•				
KORABATHINA, S. RAO DR MD 4527 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY FL 34652 82 Street Address (P.O. Box Number is Not Acceptable) 83		(44)							10	. Name and Address of New Register	ed Agent			
A\$27 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY FL 34652 83 City FL 85 Zip Code 1.1. 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 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: Registered Agent signature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition				. 4		8	B1	Name						
NEW PORT RICHEY FL 34652 84 City FL 85 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP REW PORT RICHEY FL Addition	KORABATHINA, S. RAO DR MD. 4527 U.S. HIGHWAY 19 NORTH						92 Street Add			tress (P.O. Box Number is Not Acceptable)				
NEW PORT RICHEY FL 34652 84 City FL 85 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Addition Change Addition							•=	Street Addre	355 (1	r.o. Box regimber is red Acceptable)		. 216130	tog valla strag	
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1								-named corpo he corporatio	oratio n's b	on submits this statement for the purpose coard of directors. I hereby accept the ap-	of chang pointmen	ing its regi	egistered stered	
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NAME KORABATHINA, S. RAO STREET ADDRESS CITY-ST-ZIP KORABATHINA, S. RAO 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition														
STREET ADDRESS CITY-ST-ZIP 4527 US HWY. 19 NORTH 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 Change Addition	1	'''==	KORABATHINA, S. RAO								_	-	_	
CITY-ST-ZIP NEW PORT RICHEY FL 1.4 CITY-ST-ZIP								AUDDESS						
Change Addition		ALEMA D		ľ										
			UNI NIUNET FL		DELETE			-217				hange	☐ Addition	

·第7章。[147] 1475年 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

☐ DELETE

☐ DELETE

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2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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