

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 006 ***150.00

DOCUMENT # K34923

1. Entity Name
S. RAO KORABATHINA, M.D., P.A.



Principal Place of Business
4527 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652

Mailing Address
4527 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652

40077641



2. Principal Place of Business - No P.O. Box #

3341 Crescent Oaks Blvd

3. Mailing Address

3341 Crescent Oaks Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242008 Chg-P CR2E034 (12/06)

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

4. FEI Number
59-2910267

Applied For
Not Applicable

Zip
34688

Country
USA

Zip
34688

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORABATHINA, S. RAO DR MD
4527 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name

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

3341 Crescent Oaks Blvd

City
Tarpon Springs

FL

Zip Code
34688

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D KORABATHINA, S. RAO
4527 US HWY. 19 NORTH
NEW PORT RICHEY, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3341 Crescent Oaks Blvd
Tarpon Springs FL 34688 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Rao Korabathina*

RAO KORABATHINA

X President 4/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #