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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L09022

(9)

MINAL KRISHNAMURTHY, M.D., P.A.

FILED Apr 01 1997 8:00am Secretary of State

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	RVILLE ROAD	1401 CENTERVILLE ROAD				
SUITE 305	WILLE HOND	SUITE 305				
TALLAHASSE	EE FL 32308	TALLAHASSEE FL 32308-46	539		T	
				<ol> <li>Date Incorporated or Qualified</li> <li>08/15/1989</li> </ol>	3a. Date of Last f 03/19/1996	•
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	<del></del>	pplied For
1		26		59-2963240	<del></del>	ot Applicabl
Suite, Apt	1 #. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Sta	ite	City & State		Election Campaign Financing     Trust Fund Contribution	F	May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		
4	25	29	30		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent	
N/	ajm, aliyah d.		81 Name	IINAL KRISHNAMUN		
14	01 CENTERVILLE RD.		82 Street Add	dress (P.O. Box Number is Not Acceptable	0777 Y	
St	JITE 205		14	101 CHATERVILLA	Ro	
TA	ILLAHASSEE FL 32308		83 50	15A 305		
			84 City	- CLANAS SAU	FL 85 32	3338 S
 <b>11.</b> Pursuan	t to the provisions of Sections 607.0503	and 607.1508, Florida Statute	s the above-named cor	poration submits this statement for the nu	rroose of changing	its registered
office or agent 1	registered agent, or both, in the States	of Florida, Such change was at Mons of Section 607 0505. Flor	uthorized by the corpora	ation's board of directors. I hereby accept	t the appointment as	s registered
		ma mini	V	Ċ.	157197	
				_		
SIGNATIONS	See I rectly led or printed name of registered age:	r and title diapplicable (NOTE	Registered Agent signature requ	ured when reinstating)	DATE	
	9 re-ty-led or profest name of registered ager OF FICE RS AND		Registered Apent signature requ	حــــــــــــــــــــــــــــــــــــ	DATE ERS AND DIRECTO	RS IN 12
2	OFFICERS AND				DATE ERS AND DIRECTO Change	
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SIGNATURE  12.  THE MAME STREEL ADDRESS CHY ST-ZP THEE NAME	DAS KRISHNAMURTHY, MINAL 1401 CENTERVILLE RD,#305 TALLAHASSEE FL T KRISHNAMURTHY, MINAL 1401 CENTERVILLE RD,#305 TALLAHASSEE FL	DELETE  DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Change Change	RS IN 12 Additio Additio Additio

In the interior carry the information supplies with its limit of book for quality for the exemption 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 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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3127197

Daytime Frieme #