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PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L32926

1. Corporation Name

NIRMALA KONDA, M.D., P.A.

Principal Place	e of Business	Mailir	ng Address					11818 8111 81811 1		
% NIRMALA KONDA M D			% NIRMALA KONDA M D							
7543 MEDICAL DR.			7543 MEDICAL DR. HUDSON FL 34667			DO,NOT WE	RITE IN THIS	SPACE		
HUDSON FL 34667 US		US					3. Date Incorporated or Qualifed			
							11/27/1989		•	
2. Principal P	lace of Business	2a. M	lailing Address				4. FEI Number		Apr	lied For
21		26					59-2985623		Not	Applicable
Suite, Apt.	#, etc.	Si	uite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	dditional
22		27		_			3. Certificate di Gtatus Desired		Fee Red	quired
City & State	e	L c	ity & State				6. Election Campaign Financing	9 🗇	\$5.00	· .
23		28					Trust Fund Contribution		Added to	Fees
Ζϊρ	Country	Zi	ip	r1	ountry		8. This corporation owes the cu	irrent year int		□No
24	25	29		30	_		Personal Property Tax.  10. Name and Address of New	Pagistarad		LINO
	9. Name and Address of Cu	rrent Register	rea Agent		81	Name	To. Name and Address of New	registered.	Agent	
KON	IDA, NIRMALA M D									
	MEDICAL DR.				82	Street A	ddress (P.O. Box Number is Not Accep	otable)	•	
1	SON FL FL 34667				83		<ul><li>(2) 1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)</li></ul>	HONE SED 5 20	A Digital Park	SERVICE CONTRACTOR
									(1) 特点线	1911/1911
					84	City	the state of the state of the	FI	<b>85</b> Zip C	ode '
11 Pursuant	to the provisions of Sections 607	0502 and 607.	1508. Florida Statut	tes. the	above	-named c	corporation submits this statement for the	ne purpose of	changing its i	registereo
office or n agent: La	m familiar with, and accept the ot	tate of Florida oligations of, Se	Such change was a ection 607.0505, Flo	authorize orida Sta	ed by to stutes.	the corpor	ration's board of directors: I hereby acc	ne purpose of ept the appoi	intment as reg	registered istered
office or n agent: I a SIGNATURE	egistered agent, or both, in the Sim familiar with, and accept the ob-	tate of Florida. Digations of, Se	Such change was a ection 607.0505, Flo	authorize orida Sta	ed by to stutes.	the corpor	quired when reinstating)	ept the appoi	Intment as reg	istered
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

1.18-99

Daytime Phone #