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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

L64826

SIGNATURE: S. K. Chabravorty
SIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(5)

SUMANT K. CHAKRAVORTY, M.D., P.A.

Principal Place of Business Mailing Address				I TODATOTA BAR BITAT ELEGA TORAGO TARA	9 ONLI OLDIN BIBIN BIDIK DIĞIK DIĞIK DIĞIN 1981 IDDI
C/O SUMANT K. CHAKRAVORTY M.D.  3385 BURNS ROAD. SUITE 203  PALM BEACH GARDENS FL 33410  C/O SUMANT K. CHA 3385 BURNS ROAD.  PALM BEACH GARDENS FL 33410  C/O SUMANT K. CHA 3385 BURNS ROAD.  PALM BEACH GARDENS FL 33410		SUITE 203			
				<ol> <li>Date Incorporated or Qualified 04/10/1990</li> </ol>	3a, Date of Last Report 06/19/1995
<b>≥.</b> Principa! Pia	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0190533	Applied For
'T - Suite, Apt.≢	#, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
1		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees
- Ζιμ 	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes  SY Yes	intangible tax under s 199.032, □ No
Ι.	9. Name and Address of Curr		130	10. Name and Address of New F	
			81 Name		
CHAKRA	AVORTY, SUMANT K., M.D.		82 Street Add	dress (P.O. Box Number is Not Acceptat	nle)
3385 BURNS ROAD, SUITE 203 PALM BEACH GARDENS FL 33410				(1000 (F.O. DON HOLLES TO HOLL HOUSE	
PALM B	EACH GARDENS FL 33410		83		
			84 City		FL 85 Zip Code
or registere familiär wit	ed agent, or both, in the State of Fic in, and accept the obligations of, Sc	onda. Such change was authori;	zed by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of changing its registered offi ointment as registered agent. I am
ignature –					
	Signature, typical or printed marrie of registered ag		OTE Registered Agent signature requir		DATE
2.	OFFICERS A	AND DIRECTORS	13.	red when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
2. ILF	OFFICERS A	AND DIRECTORS	13. 1.1 Title		ICERS AND DIRECTORS IN 12
2. ILF	OFFICERS A  D  CHAKRAVORTY, SUMANT	AND DIRECTORS  DELETE  K.	13. 1.1 Title 1.2 NAME		ICERS AND DIRECTORS IN 12
E. LE MI BEET ADDRESS	OFFICERS A	AND DIRECTORS  DELETE  K.	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12
D. LE MI SEEL AODRESS YESTEZIO	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	AND DIRECTORS  DELETE  K.	13. 1.1 Title 1.2 NAME		OCERS AND DIRECTORS IN 12 Change Addition
D. LEF MI KEET AOORESS YESTEZIII LE	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	AND DIRECTORS  DELETE  K. 3	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		OCERS AND DIRECTORS IN 12 Change Addition
D. LE MI KEEL ADDRESS (Y-S1-ZIO LE ME	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	AND DIRECTORS  DELETE  K. 3	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		OCERS AND DIRECTORS IN 12 Change Addition
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E.  ME ADDRESS IY-S1-ZIII  LE  MS ELEADURESS IY-S1-ZIII  LE  MS ELEADURESS IY-S1-ZIII	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	AND DIRECTORS  DELETE  K. 3	13. 1.1 TITLE 1.2 NAME 1.3 STREEF ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEF ADDRESS		ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
LE MI HELLANDRESS Y-SI-ZIP LE MELLANDRESS Y-SU-ZIP	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	AND DIRECTORS  DELETE  K.  B  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEF ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEF ADDRESS 2.4 CITY-ST-ZIP		ICERS AND DIRECTORS IN 12 Change Addition Change Addition
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Z.  LEF MY	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	AND DIRECTORS    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		Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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2.  ILF  MC  INCELLADDRESS  IY-SI-ZIP  ILE  MA-  INCELLADDRESS  IY-SI-ZIP  ILE  MA-  INCELLADDRESS  IY-SI-ZIP  ILE  MA-  INCELLADDRESS  IY-SI-ZIP  ILE  MC-  INCELLADDRESS  IY-SI-ZIP  ILE  MC-  ILE  MC-  ILE  MC-  ILE  ILE  ILE  ILE  ILE  ILE  ILE  IL	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	NOD DIRECTORS  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 5.1 STREET ADDRESS 5.4 CITY-ST-ZIP		Change
2.  ILLE  MACHER ADDRESS  ITY ST-ZIC  ILLE  AMACHER	OFFICERS A  D  CHAKRAVORTY, SUMANT 3385 BURNS ROAD, S-203	NOD DIRECTORS  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		Change
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196 (407)6942691