

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64826

FILED
Jun 09, 2006
Secretary of State

Entity Name: SUMANT K. CHAKRAVORTY, M.D., P.A.

Current Principal Place of Business:

1004 S OLD DIXIE HWY
STE 303
JUPITER, FL 33545 US

New Principal Place of Business:

125 WEST INDIANTOWN ROAD
STE 106
JUPITER, FL 33548 US

Current Mailing Address:

1004 S OLD DIXIE HWY
STE 303
JUPITER, FL 33545 US

New Mailing Address:

125 WEST INDIANTOWN ROAD
STE 106
JUPITER, FL 33548 US

FEI Number: 65-0190533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAKRAVORTY, SUMANT K., M.D.
1004 S OLD DIXIE HWY
STE 303
JUPITER, FL 33545 US

Name and Address of New Registered Agent:

CHAKRAVORTY, SUMANT K., M.D.
125 WEST INDIANTOWN ROAD
STE 106
JUPITER, FL 33548 US

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.

SIGNATURE: S K CHAKRAVORTY

06/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAKRAVORTY, SUMANT, K.
Address: 1004 S OLD DIXIE HWY SUITE 303
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAKRAVORTY, SUMANT, K.
Address: 125 WEST INDIANTOWN ROAD, SUITE 106
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S K CHAKRAVORTY

D

06/09/2006

Electronic Signature of Signing Officer or Director

Date