

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
T. R. B. Mallory
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # **L75926** (0)

PRABODH K. KAPILA, M.D., F.A.C.P., P.A.



PROFIT CORPORATION
201 NW 82 AVE
SUITE 303
PLANTATION FL 33324

PROFIT CORPORATION
201 NW 82 AVE
SUITE 303
PLANTATION FL 33324

2. Fiscal Year of Business: 21
3. Date of Incorporation: 22
4. State of Incorporation: 23
5. Name of Corporation: 24
6. Name and Address of Current Registered Agent: 25
7. Name and Address of Former Registered Agent: 26
8. Name and Address of Former Registered Agent: 27
9. Name and Address of Current Registered Agent: 28
10. Name and Address of New Registered Agent: 29
11. Name and Address of New Registered Agent: 30

3. Date Incorporation For Official: **05/24/1990**

3a. Date of Last Report: **02/02/1995**

4. FEI Number: **65-0195367**

5. Certificate of Status Derived:

6. Election Campaign Financing Trust Fund Contribution:

8. This corporation has liability for intangible tax under s. 190.002, Florida Statutes: Yes No

3. Date of Last Report: **02/02/1995**

Applies For: Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

KAPILA, PRABODH K., M.D.
201 NW 82 AVE
SUITE 303
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. I, the undersigned, as Secretary of the above named Florida Corporation, submit this statement for the purpose of changing its registered office to the office indicated above in the State of Florida. I hereby accept the appointment as registered agent of the corporation and the office of Secretary of the Florida Statutes.

12. OFFICERS AND DIRECTORS

P (OFF) (DIR)

KAPILA, PRABODH K., M.D.

201 NW 82 AVE #303

PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I understand that the filing of this report is required by Chapter 607, Florida Statutes, and that my name will be on the public record.

SIGNATURE: *Prabodh Kapilans Prabodh K. Kapila M.D.* 1/22/96 (305) 370-1153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)