

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020944

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: SHEETAL KUMAR, M.D., P.A.

## Current Principal Place of Business:

1050 SE MONTEREY ROAD  
203  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

1050 SE MONTEREY ROAD  
203  
STUART, FL 34994

## New Mailing Address:

FEI Number: 65-6328658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOPKO, JAMES  
853 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: KUMAR, SHEETAL M.D.  
Address: 1050 SE MONTEREY ROAD SUITE 203  
City-St-Zip: STUART, FL 34994

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: GYN ( ) Change (X) Addition  
Name: ADVANCED HEALTH CARE, FOR WOMEN  
Address: 1050 SE MONTEREY ROAD, SUITE 203  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify 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: SKK

OWNE

04/25/2008

Electronic Signature of Signing Officer or Director

Date