

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026510

Entity Name: SANJAY K.MADAN MD PA

FILED  
Jan 04, 2005  
Secretary of State

**Current Principal Place of Business:**

1840 MEASE DR.  
402  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

1840 MEASE DR.  
402  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

207 HIGHLAND WOODS DRIVE  
SAFETY HARBOR, FL 34695

FEI Number: 59-3630918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADAN, SANJAY K  
207 HIGHLAND WOODS DRIVE  
SAFETY HARBOR, FL 34695 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: PD ( ) Delete  
Name: MADAN, SANJAY K DR  
Address: 1840 MEASE DRIVE, SUITE 402  
City-St-Zip: SAFETY HARBOR, FL 346951098

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANJAY MADAN

MD

01/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date