


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 048 ***150.00

DOCUMENT # P00000035853	
1. Entity Name BHADRESHKUMAR PARIKH, PA.	

Principal Place of Business 7301 NORTH UNIVERSITY DRIVE STE 200 TAMARAC, FL 33321	Mailing Address C/O MARK I INGLER CPA P A 10100 WEST SAMPLE ROAD #326 CORAL SPRINGS, FL 33065-3973
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2. Principal Place of Business - No P.O. Box # 7301 North University Drive Suite, Apt. #, etc. Suite #207 City & State Tamarac, FL Zip 33321	3. Mailing Address C/O Mark I. Ingler CPA PA Suite, Apt. #, etc. 10100 West Sample Road #326 City & State Coral Springs FL 33065-3973 Zip 33065-3973
Country US	Country US

40054841

04052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1002370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARIKH, BHADRESH 11949 NORTHWEST 11TH CRT CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PARIKH, BHADRESH 11949 NORTHWEST 11TH CRT CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. Parikh Bhadresh Parikh MD 4/6/07 954-510-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #