


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90087 006 \*\*\*150.00

<b>DOCUMENT # P00000039462</b>			
1. Entity Name <b>SANJAY A.PATEL MD PA</b>			
Principal Place of Business #150 S.E. 17TH ST STE #802 OCALA FL 34471		Mailing Address #150 S.E. 17TH ST STE #802 OCALA FL 34471	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00041745



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3636232</b>				Applied For			
				Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>A.PATEL, SANJAY</b> <b>150 SOUTHEAST 17TH STREET</b> <b>802</b> <b>OCALA FL 34471</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b> Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST A.PATEL, SANJAY 150 SOUTHEAST 17TH STREET #802 OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. PATEL, SANJAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 SE 29 <sup>th</sup> PL, Suite # 100 OCALA FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_ *2/23/05 (352) 732-6400*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50021745  
# P00000039462

RETURN THIS PART TO US WITH YOUR CHECK OR INQUIRY  
YOUR TELEPHONE NUMBER BEST TIME TO CALL  
(352) 732-6400

COMPLETE AND RETURN ONLY IF  
DEPOSIT IS APPLIED INCORRECTLY  
TRANSFER DEPOSIT TO TYPE OF TAX 941  
TAX PERIOD ENDING 1-05  
SIGNATURE: [Signature] DATE: 2/23/05

200505 29050000000103825 29197-025-00008-5 20050120

INTERNAL REVENUE SERVICE  
OGDEN UT 84201-0038

SANJAY A PATEL P A  
150 SE 17TH ST STE 802  
OCALA FL 34471-710021

108  
SB



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