## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2007 08:00 A Secretary of State **DOCUMENT # P00000085275** 1. Entity Name CHANDRA VENUGOPAL, M.D., P.A. Principal Place of Business Mailing Address 12953 PALMS W. DR., #102 12953 PALMS W. DR., #102 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 CR2E034 (11/05) 03022007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 65-1036205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VENUGOPAL, CHANDRA M.D. DO NOT WRITE 12953 PALMS W. DR., #102 LOXAHATCHEE, FL 33470 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITI F VENUGOPAL, CHANDRA M.D. NAME STREET ADDRESS 12953 PALMS W. DR., #102 Crity-SY-ZIP LOXAHATCHEE, FL 33470 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

V5/07 561-793-610

Daytime Phone #

**FILED**