2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008994

1. Entity Name

SUHAS JOSHI, M.D., P.A.



Principal Place of Business

1638 CAMDEN AVENUE JACKSONVILLE, FL 32207 Mailing Address

8569 CROOKED TREE DRIVE IACKSONVILLE, FL 32256

FILED Apr 30, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3694952

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSHI, SUHAS V PD 8569 CROOKED TREE DRIVE JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

JACKSUNVILLE, FL 32230				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regi	stered Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	000000934562 05/23/08-80037-020 150.00	
10. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PD JOSHI, SUHAS V PD 8569 CROOKED TREE DRIVE JACKSONVILLE, FL 32256			DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

04/26/08

904-708-2542

Daysime Phone #