

8/2/2004-90014-022-\$150.00-\$150.00

187

8/2/2004

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 OCT 20 PM 1:07

Entity Name <b>GULATI &amp; ASSOCIATES, PA</b>		Mailing Address <b>10726 CHARLESTON PL HOLLYWOOD FL 33026</b>	
Principal Place of Business <b>10028 PINES BLVD PEMBROKE PINES FL 33024</b>		Mailing Address <b>10726 CHARLESTON PL HOLLYWOOD FL 33026</b>	
2. Principal Place of Business		3. Mailing Address	
Subj. Apt. #, etc.		Subj. Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>03-0447697</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GULATI, MANJIT 10726 CHARLESTON PL HOLLYWOOD FL 33026</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	



MOORE CR2E034 (11/03)  
03-0447697

4. FEI Number  
03-0447697  
5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

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 of agent or principal officer of registered agent and date of signature. (NOTE: Registered Agent signature required when resigning.) DATE

FILE NOW DIFFERS \$150.00  
After May 1, 2004 Fee will be \$200.00  
8. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ON 11	
PTD GULATI, MANJIT 10726 CHARLESTON PLACE COOPER CITY FL 33026	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD GULATI, SUKHWINDER 10726 CHARLESTON PLACE COOPER CITY FL 33026	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS 1 - ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS 1 - ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS - ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

entity certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information furnished 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. 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 as required, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **Sukhwinder Kaur Gulati (SUKHWINDER K. GULATI) Vice President - 7-29-04**  
DATE: **7-29-04**



MANJIT SINGH GULATI, M.D.

SUKHVINDER K. GULATI, M.D.

10028 Pines Blvd. Pembroke Pines, FL 33024  
110 N. Federal Highway Suite 303 Hallandale, FL 33009  
Phone: 954-438-6080 Fax: 954-499-5599

10/2


September 15, 2004

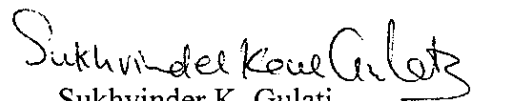
Uniform Business Report  
Division of Corp.  
PO Box 1500  
Tallahassee, Fl 32302-1500

To Whom It May Concern:

We did not receive an original mailing, but we believe we have sent you whatever was required. We hope that you can waive the late fee.

Thank you for your consideration.

  
Manjit S. Gulati

  
Sukhvinder K. Gulati

REF #P01000013039

REF # P02000135103