

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90291 016 \*\*\*150.00

**DOCUMENT # P01000021877**

1. Entity Name

JANIKAMMA KOTHALANKA, M.D., P.A.



Principal Place of Business

107 NE 19TH DR  
OKEECHOBEE, FL 34972

Mailing Address

107 NE 19TH DR  
OKEECHOBEE, FL 34972



04292004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1061426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOTHALANKA, JANIKAMMA  
107 N.E. 19TH DRIVE  
STE 115  
OKEECHOBEE, FL 34972

**DO NOT WRITE  
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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOTHALANKA, JANIKAMMA
STREET ADDRESS	107 NE 19TH DR
CITY- ST- ZIP	OKEECHOBEE, FL 34972

TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*J. Kothalanka MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #