2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM DOCUMENT # P01000053491 Secretary of State YASH P. SANGWAN, M.D., P.A. Principal Place of Business Mailing Address 1411 SOUTH 14TH ST. 1411 SOUTH 14TH ST. STF. C STE. C FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 CR2E034 (11/05) 01132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3718773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANGWAN, YASH P DO NOT WRITE 10652 MULRAMY GLEN CT JACKSONVILLE, FL 32256 IN THIS SPACE 8. The above named entity submits this setement 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, typed o d agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing . \$5.00 May Be FILE NOW!!! FEE IS \$150.00 "-U000000622539" After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ~ **PSTD** TITLE NAME SANGWAN, YASH P STREET ADDRESS 10652 MULRANY GLEN COURT CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 firue 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 employeered 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 aparties—with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3407

Daytime Phone #

FILED