

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90068 006 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000053835			
1. Entity Name ARVIND SHARMA, M.D., P.A.			
Principal Place of Business 3036-F TAMiami TRAIL PORT CHARLOTTE, FL 33952		Mailing Address 3036-F TAMiami TRAIL PORT CHARLOTTE, FL 33952	
2. Principal Place of Business 3390 Tamiami Tr Ste 201		3. Mailing Address 3390 Tamiami Tr, Ste 201	
Suite, Apt. #, etc. Port Charlotte, FL		Suite, Apt. #, etc. Port Charlotte, FL	
City & State 3		City & State	
Zip 33952		Country Charlotte	
4. FEI Number 65-1116665		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OAKS, DAVID K 407 E MARION AVE PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renouncing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHARMA, ARVIND 3390 TAMiami TRAIL SUITE 201 PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____			