2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053835

Entity Name: ARVIND SHARMA, M.D., P.A.

FILED May 17, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3390 TAMIAMI TRAIL STE 201 PORT CHARLOTTE, FL 33952				3390 TAMIAMI TRAIL SUITE # 201 PORT CHARLOTTE, FL 33952			
Current Mailing Address:				New Mailing Address:			
3390 TAMIAMI T PORT CHARLO				3390 TAMIAMI T SUITE # 201 PORT CHARLO		33952	
FEI Number: 65-11	16665 FI	I Number Applied For ()	FEI Nun	nber Not Applicable	()	Certificate of Stat	us Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
OAKS, DAVID K 407 E MARION / PUNTA GORDA	AVE	US					
The above name in the State of Flo	,	nits this statement for the	purpose o	f changing its regi	istered of	fice or registere	d agent, or both,
SIGNATURE:							
_	Electronic S	gnature of Registered Ag	ent			Date	
	, ,,	o), F.S., the corporation did no	ot receive t	he prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address: 3390	D () Dele RMA, ARVIND) TAMIAMI TRAI T CHARLOTTE,	SUITE 201		Title: Name: Address: City-St-Zip:	()	Change () Additio	n

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIND SHARMA MD PSTD 05/17/2006