

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90023 045 ***150.00

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1. Entity Name

SANJEEV ZUTSHI, P.A.



Principal Place of Business

Mailing Address

~~3067 TAMiami TRAIL~~
~~PORT CHARLOTTE FL 33952~~

~~P.O. BOX 495130~~
~~PORT CHARLOTTE FL 33940~~

94046556



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3390 TAMiami TRAIL
Suite, Apt. #, etc.
#105

3. Mailing Address

3390 TAMiami TRAIL
Suite, Apt. #, etc.
#105

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-1127676

Applied For

Not Applicable

Zip

33952 CHARLOTTE

Zip

33952 CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HIGH, MELANIE D ESQ~~
~~223 TAYLOR ST~~
~~PUNTA GORDA FL 33950~~

Name

RAKSHA ZUTSHI

Street Address (P.O. Box Number is Not Acceptable)

3390 TAMiami TRAIL, #105
PORT CHARLOTTE

City

FL

Zip Code

33952

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 X *[Signature]* RAKSHA ZUTSHI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 4/5/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ZUTSHI, SANJEEV
STREET ADDRESS 1843 SCARLETT AVE
CITY-ST-ZIP NORTH PORT FL 34289

TITLE MD ☐ Delete
NAME RAKSHA, ZUTSHI
STREET ADDRESS 1843 SCARLETT AVENUE
CITY-ST-ZIP NORTH PORT FL 34289

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X *[Signature]* RAKSHA ZUTSHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/5/04

Date

Daytime Phone #