


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90442 020 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P01000090098</b>                               |  |
| 1. Entity Name<br><b>SURESH LAKSHMINARAYANAN, M.D., P.A.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2980 SE THIRD CT<br/>OCALA, FL 34474</b> | Mailing Address<br><b>2980 SE THIRD CT<br/>OCALA, FL 34474</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip Country                                    | Zip Country         |



04232007 Chg-P CR2E034 (12/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>80-0004279</b> ✓                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>FUTCH, R. WILLIAM<br/>610 SE 17TH STREET<br/>OCALA, FL 34471</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|--|--|

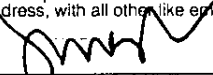
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LAKSHMINARAYANAN, SURESH M.D.<br/>2980 SE THIRD CT<br/>OCALA, FL 34474</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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:**  **Suresh Lakshminarayanan** *OWNER* **4/30/07** **352-622-4231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #