


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90003 048 \*\*\*150.00

DOCUMENT # P01000099123  
 1. Entity Name  
 MANJUL D. DERASARI, M.D., P.A.



Principal Place of Business *Both changed to* Mailing Address  
 2630 W. WATERS AVE. TAMPA, FL 33614  
 2630 W. WATERS AVE. TAMPA, FL 33614  
*1912 East Busch Blvd. TAMPA FL 33612*  
*as of November 2003*

*54069803*



08032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3751070 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOORE, STEVEN W ESQ  
 STEVEN W. MOORE, P.A.  
 8200 BRYAN DAIRY RD., STE. 300  
 LARGO, FL 33777

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DERASARI, MANJUL D
STREET ADDRESS	2630 W. WATERS AVE.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	<i>Director</i>
NAME	<i>DERASARI, MANJUL D</i>
STREET ADDRESS	<i>1912 East Busch Blvd</i>
CITY-ST-ZIP	<i>TAMPA FL 33612</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Manjul Derasari*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/18/04* *813*  
 Date Daytime Phone #  
*933*  
*5900*