3/20/07 (941) 914 - 2313 Daysine Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT			_				
DOCUMENT # P01000101588 1. Entity Name SWAROOP MUPPAVARAPU, M.D., P.A.						FILED			
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Principal Place of Business 215 GEORGE ROAD SE PORT CHARLOTTE, FL 33952		Mailing Address PO BOX 494857 PORT CHARLOTTE, FL 33949				ALLAHASS		III 2115) (215) (2	INEEN IN 1661
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			65-1155971 Not Appli		oplied For ot Applicable		
Zip	Country	Zip	Countr	<u>.</u>	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Monte.	7. Name and	Address of New	Registered A	gent	
MUPPAVA 215 GEOR PORT CHA		<u> </u>	Name Street Address	Street Address (P.O. Box Number is Not Acceptable)					
				City		<u></u>	FL	Zip Cod	e
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	registered	d office or registe	red agent, or bott	h, in the State of I	Florida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and this if applicable (NOTE)		 					
	- & striper + p p	and the rappincaise (NOTE:	: Registered .	Agent signature required	d when reinstating)		DATÉ		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig	gn Financ	oing _ \$5	.00 May Be		DATE	<u></u>	:
	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	gn Financ	oing _ \$5	.00 May Be ded to Fees	CHANGES TO O		DIRECTOR	S IN 11
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	gn Finance ibution.	sing \$5	.00 May Be ded to Fees	CHANGES TO 0 1 009 63 10701032	FFICERS AND	Channe	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1