2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90014 039 ***150.00

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05102004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000057928

1. Entity Name
MURALI M. ANGIREKULA, M.D., P.A.

Principal Place of Business	Mailing Address
4065 N LECANTO HWY 100 BEVERLY HILLS, FL 34665	4065 N LECANTO HWY 100 BEVERLY HILLS, FL 34665

2. Principal Place of Business	3. Mailing Address
	P.O Box 641506
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Beverly Hills Fl
Zip / Country	Zip: 34464 / Country

4. FEI Number: 02-0602865 ☐ Applied For ☐ Not Applicable

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
ANGIREKULA, MURALI M.D. 4175 N STEWART WAY BEVERLY HILLS, FL 34465	Name: Angirekula, Murali Street Address (P.O. Box Number is Not Acceptable): 1677 N. DeMagio Path City: Hernando FL Zip Code: 34442

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: [signature] DATE: 5/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGERELAH, MARLIA DR 4065 N LECANTO HWY STE 100 BEVERLY HILLS, FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angirekula, Murali P.O Box 641506 Beverly Hills Fl 34464	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5/10/04 352-527-2500

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