

FILED  
Apr 18, 2005 8:00 am  
Secretary of State

04-18-2005 90328 001 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000063198  
1. Entity Name  
DR. MANOHAR G. REDDY, MD, PA



Principal Place of Business      Mailing Address  
824 CHATSWORTH DRIVE      824 CHATSWORTH DRIVE  
MELBOURNE, FL 32940      MELBOURNE, FL 32940

50037850



03082005      No Chg-P      CR2E034 (10/03)

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4. FEI Number      Applied For  
01-0711600      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GEMMELL, MICHAEL S  
2077 SEAWIND COURT  
INDIALANTIC, FL 32903

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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REDDY, MANOHAR G MD
STREET ADDRESS	824 CHATSWORTH DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Manohar Reddy ; Manohar G. Reddy      Date: 4/15/05      Daytime Phone # \_\_\_\_\_