

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000092921

1. Entity Name  
VITA ANKSH, M.D., P.A.



Principal Place of Business  
1181 HEALTH PARK BLVD., SUITE 3050  
NAPLES, FL 34110

Mailing Address  
4734 STRAFORD COURT  
U.S. 1702  
NAPLES, FL 34105



03232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1646627

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANKSH, VITA  
4734 STRAFORD COURT  
U.S. 1702  
NAPLES, FL 34105

**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

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

(NOTE: Registered Agent signature required when resigning)

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

U000000280463  
03/30/05-80021-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	ANKSH, IRINA
STREET ADDRESS	4734 STRATFORD COURT, #1702
CITY-STATE-ZIP	NAPLES, FL 34105
TITLE	P
NAME	ANKSH, VITA
STREET ADDRESS	4764 STRAFORD COURT, #1702
CITY-STATE-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

234-261-8101

Date

Daytime Phone #