


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000128906	
1. Entity Name PRAKASH KALAN, M.D., P.A.	

Principal Place of Business 10454 BIG TREE CT ORLANDO, FL 32836	Mailing Address P.O. BOX 2846 WINDERMERE, FL 34786
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**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0497816	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KALAN, PRAKASH M.D.  
10454 BIG TREE CT  
ORLANDO, FL 32836

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KALAN, PRAKASH M.D. 10454 BIG TREE CT ORLANDO, FL 32836
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07/22/04-80012-016 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address, with all other like empowered.

SIGNATURE: *Prakash Kalan* 6/30/04 (407) 947 9378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRAKASH KALAN