


FILED
Feb 19, 2004 8:00 am
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

02-06-2004 90002 001 ***150.00

DOCUMENT # P03000087786

1. Entity Name
 GIRA S. SHAH, M.D., P.A.



66402380

Principal Place of Business
 161 W. CHASE STREET
 HERNANDO, FL 34442

Mailing Address
 161 W. CHASE STREET
 HERNANDO, FL 34442



2. Principal Place of Business
 206 S. Apopka Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 206 S. Apopka Ave.
 Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State
 Inverness, FL

City & State
 Inverness, FL

Zip
 34452

Country
 USA

Zip
 34452

Country
 USA

4. FEI Number
 20-82154943

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHAH, GIRA S.M.D.
 161 W. CHASE STREET
 HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, GIRA S.M.D.	NAME	
STREET ADDRESS	161 W. CHASE STREET	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 affidavit with all other fees empowered.

SIGNATURE:  Gira S. Shah, M.D. 1/26/04 (352) 726-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR