2005 FOR PROFIT CORPORATION

of the corporation of the receiver of trustee em-changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED WA

SIGNATURE: _

Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000087786 04-27-2005 90305 026 ***150.00 1. Entity Name GIRA S. SHAH, M.D., P.A. Principal Place of Business Mailing Address 206 S. APOPKA AVE. 206 S. APOPKA AVE. INVERNESS, FL 34452 INVERNESS, FL 34452 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0154943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAH, GIRA S M.D. DO NOT WRITE 161 W. CHASE STREET HERNANDO, FL 34442 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 5 OFFICERS AND DIRECTORS 10. TITLE SHAH, GIRA S M.D. NAME 161 W. CHASE STREET STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP fifing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and dexecute this year as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is the

ING OFFICER OR DIRECTOR

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