


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90289 007 \*\*\*150.00

DOCUMENT # P03000106024	
1. Entity Name MADHAVA T. PALLY M.D., P.A.	

Principal Place of Business 6725 CEDAR RIDGE DRIVE STE 1 ZEPHYRHILLS, FL 33542	Mailing Address <i>16528 N. Dale Mabry Hwy.</i> <del>3355 BEARSS AVE</del> TAMPA, FL 33618
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2. Principal Place of Business <i>16528 N. Dale Mabry Hwy</i>	3. Mailing Address <i>16528 N. Dale Mabry Hwy.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tampa, FL</i>	City & State <i>Tampa, FL</i>
Zip <i>33618</i>	Zip <i>33618</i>
Country <i>US</i>	Country <i>US</i>



01222005 Chg-P CR2E034 (10/03)

4. FEI Number 83-0371056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER <del>3355 BEARSS AVENUE</del> <i>16528 N. Dale Mabry Hwy.</i> TAMPA, FL 33618	
7. Name and Address of New Registered Agent Name <i>Sanders, Walter</i> Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy.</i> City <i>Tampa</i> State <i>FL</i> Zip Code <i>33618</i>	

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 *Walter Sanders* *Walter Sanders* DATE *2/20/05*

Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>PALLY, MADHAVA T</i> <i>6725 CEDAR RIDGE DRIVE STE 1</i> <i>ZEPHYRHILLS, FL 33542</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.P.</i> <i>Pally, Madhava</i> <i>16528 N. Dale Mabry Hwy</i> <i>Tampa, FL 33618</i>
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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)(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: *Madhava Pally* *Madhava Pally* DATE *4/20/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR