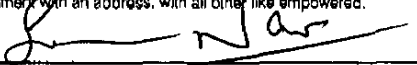


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000156315		
1. Entity Name SOMNATH NAIR, M.D.P.A.		
Principal Place of Business 2623 SEACREST BLVD 206 BOYNTON BEACH, FL 33435		Mailing Address 236 IMPERIAL LANE LAUDERDALE BY THE SEA, FL 33308
DO NOT WRITE IN THIS SPACE		
		03212007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0523779		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NAIR, SOMNATH 236 IMPERIAL LANE LAUDERDALE BY THE SEA, FL 33308		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 file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD NAIR, SOMNATH 236 IMPERIAL LANE LAUDERDALE BY THE SEA, FL 33308	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/21/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #

U00000685271
04/06/07-80066-008 150.00