


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P04000096383</b><br>1. Entity Name<br>C.H.A.I., M.D., P.A. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1111 RITZ CARLTON DRIVE<br>#1401<br>SARASOTA, FL 34236 | Mailing Address<br>1111 RITZ CARLTON DRIVE<br>#1401<br>SARASOTA, FL 34236 |
|---|---|



01172006 No Chg-P CR2E034 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-1289284 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HANAN, BENJAMIN R<br>240 S. PINEAPPLE AVENUE<br>10TH FLOOR<br>SARASOTA, FL 34236 |
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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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MD<br>INALSINGH, C.H. AMAR MD PA<br>1111 RITZ CARLTON DRIVE #1401<br>SARASOTA, FL 34236 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/06/06-80041-004 50.100

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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:** CH Amar INALSINGH 1-23-06 9417484324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #