

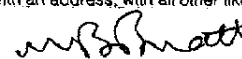


FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000097545			
1. Entity Name MINA B. BHATT, MD, P.A.			
Principal Place of Business 103 TOMOKA BLVD. SOUTH LAKE PLACID, FL 33852		Mailing Address 103 TOMOKA BLVD. SOUTH LAKE PLACID, FL 33852	
DO NOT WRITE IN THIS SPACE			
		03072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 43-2054452	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHATT, MINA B 103 TOMOKA BLVD. SOUTH LAKE PLACID, FL 33852		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD BHATT, MINA B 103 TOMOKA BLVD. SOUTH LAKE PLACID, FL 33852		
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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: 		3/9/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	