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Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000116971

1. Entity Name
KANUMURI MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
166 BANGSBERG RD. PORT CHARLOTTE, FL 33952	P. O. BOX 2327 LAKE WALES, FL 33859

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
*2784 Register Rd	
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: WINTER Haven FL	City & State
Zip: 33884 Country	Zip Country

4. FEI Number: 55-0878399 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANUMURI, NAGESWARARAO V 166 BANGSBERG RD. PORT CHARLOTTE, FL 33952	Name: KANUMURI NAGESWARARAO. V Street Address (P.O. Box Number is Not Acceptable): 2784 Register Rd City: Winter Haven FL Zip Code: 33884

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: K.V.D. Nageswara Rao 4/21/05
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV KANUMURI, NAGESWARARAO V 166 BANGSBERG RD. PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV KANUMURI, NAGESWARARAO .V 2784 Register Rd WINTER HAVEN FL 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANUMURI, NAGESWARARAO V 166 BANGSBERG RD. PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANUMURI, NAGESWARARAO.V 2784 Register Rd WINTE HAVEN FL 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: K.V.D. Nageswara Rao 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #