## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P04000155442 02-02-2005 90040 002 \*\*\*150.00 ASMEETA D PUNWANI, MD, P.A. Principal Place of Business Mailing Address 40010799 22008 ALTONA DR 22008 ALTONA DR BOCA RATON, FL 33428-4770 BOCA RATON, FL 33428-4770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1886721 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - 🗆 -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUNWANI, ASMEETA D 22008 ALTONA DR Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33428-4770 City Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition PUNWANI, ASMEETA D NAME NAME STREET ADDRESS 22008 ALTONA DR STREET ADDRESS BOCA RATON, FL 334284770 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change · 🔲 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE · Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attach an address, with all other like empowered.

FILED Feb 02, 2005 8:00 am

Daytime Phone #