

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


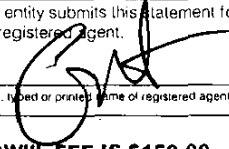
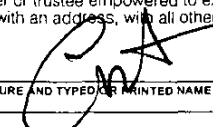
**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90086 026 \*\*\*150.00

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07032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000002761</b>					
1. Entity Name MANISH K. GUPTA, M.D., P.A.					
Principal Place of Business % MOORE & COMPANY 2318 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060			Mailing Address % MOORE & COMPANY 2318 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060		
2. Principal Place of Business - No P.O. Box # <b>240 NE 2ND STREET</b>		3. Mailing Address <b>240 NE 2ND STREET</b>			
Suite, Apt. #, etc. <b>UNIT # B</b>		Suite, Apt. #, etc. <b>UNIT # B</b>			
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH, FL</b>		4. FEI Number <b>20-4143591</b>	
Zip <b>33444</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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:  DATE: <b>7/10/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GUPTA, MANISH K 2318 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES. MANISH K. GUPTA 240 NE 2ND STREET #B DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: <b>7/10/07</b> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					