2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90864 049 ***150 00 DOCUMENT # P06000011137 1. Entity Name MINESH PATEL, M.D., P.A. UVU40U/b Principal Place of Business Mailing Address 6900 LANTERN KEY DR. 6900 LANTERN KEY DR. LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4206227 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, MINESH Street Address (P.O. Box Number is Not Acceptable) 6900 LANTERN KEY DR. LAKE WORTH, FL 33463 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 aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** ☐ Delete TITLE TITLE Change ☐ Addition PATEL, MINESH NAME NAME STREET ADDRESS 6900 LANTERN KEY DR. STREET ADDRESS CITY - ST-ZIP LAKE WORTH, FL 33463 CHY ST ZIP Delete THE TITLE ☐ Change ☐ Addition PATEL, MINESH 6900 LANTERN KEY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY ST-ZIP ☐ Delete TILLE ☐ Change Addition NAME MALAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1 ZIP THE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trueface empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

lika empowéred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

DR. MINESH PATEL

FILED