
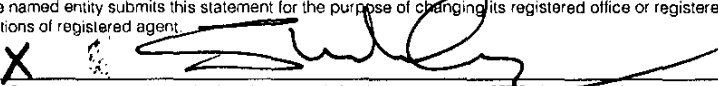
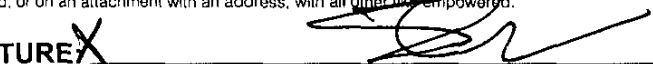


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90029 039 \*\*\*150.00

<b>DOCUMENT # P07000070718</b> 1. Entity Name <b>SHAILESH GUPTA, M.D., P.A.</b>			
Principal Place of Business <b>917 1ST ST NORTH SUITE 103 JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>917 1ST ST NORTH SUITE 103 JACKSONVILLE BEACH, FL 32250</b>	
2. Principal Place of Business - No P.O. Box # <b>1201 1st ST. N.</b> Suite, Apt. #, etc. <b>204</b>		3. Mailing Address <b>1201 1st ST. N.</b> Suite, Apt. #, etc. <b>204</b>	
City & State <b>JACKSONVILLE BCH, FL</b>		City & State <b>JACKSONVILLE BCH, FL</b>	
Zip <b>32250</b>		Zip <b>32250</b>	
Country 		Country 	
4. FEI Number <b>11-3815888</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GUPTA, SHAILESH K 917 1ST ST N SUITE 103 JACKSONVILLE BEACH, FL 32250</b>		7. Name and Address of New Registered Agent Name <b>SHAILESH K. GUPTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 1st ST. N.</b> <b>#204</b> City <b>JACKSONVILLE BCH</b> <b>FL</b> Zip Code <b>32250</b>	
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>X 7-21-08</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 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUPTA, SHAILESH K 917 1ST ST NORTH SUITE 103 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUPTA, SHAILESH K. 1201 1st ST. N #204 JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUPTA, SHAILESH K 917 1ST ST NORTH SUITE 103 JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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 		X 7-21-08 Date Daytime Phone #	