2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 16, 2007 98:00 AN Secretary of State

			- <u> </u>		Mar 10), ZUU-/	to:ou
DOCUMENT # P92000014415					Seci	etary o	of State
1. Entity Name RAMA V. NATHAN, M.D., P.A.					,	J .	
KAWA V.	NATHAN, M.D., P.A.						
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Principal Plac	ce of Business	Mailing Address					
820 S. BEA		820 S. BEA AVE					
INVERNESS,	FL 34452-3603 US	INVERNESS, FL 34452-3603	US				
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
				59-3160156	3		Not Applicable
				5. Certificate of Sta	tus Desired		Additional
			\$ 500 marks \$ 500 marks	_ 	Fee Rec	uired	
<u> </u>	6. Name and Address of Current R	edistered Woett			ALTA IV		
B&C COR	PORATE SERVICES OF CENTI		#DO NO	T WE	ITE	A STATE OF THE STATE OF T	
390 N. OF	RANGE AVENUE			Service Transfer and Profession	Anna Carlotte Control of the Control	750 1000	
SUITE 110			EIN TH	IS SPA	CE		
ORLANDO, FL 32801							是用的过
			1, 22				in the second
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.							
E TO COMBO							
SIGNATURE.	Signature, typed or printed name or registered agent and	reinstating)	***	DATE	<u>.~</u>		
	E NOW!!! FEE IS \$150.00	9. Election Campaign Final		.00 May Be			
After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	L Add	ed to Fees			
10.	OFFICERS AND D	RECTORS					Apple of the second
TITLE	D						
NAME STREET ADDRESS	NATHAN, RAMA V 820 S. BEA AVENUE						
CITY-ST-ZIP	INVERNESS, FL 34452			Maria 1			
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NAME					. 0000006	68877	
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STREET ADDRESS CITY-ST-ZIP							
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CITY-ST-ZIP			min and the	4.4			建
TITLE	_						
NAME STREET ADDRESS							450
CITY-ST-ZIP							The state of
12. I hereby	Lertify that the information supplied with the	is filing does not qualify for the ex	emptions contained	in Chapter 119, Florid	da Statutes, I fur	ther certify that to	he information
indicated of the cor	on this report or supplemental report is tr reporation or the receiver or trustee empow , or on an attachment with an accuracy, wit	ue and accurate and that my signa ered to execute this report as requi	ture shall have the s ired by Chapter 607	same legal effect as if , Florida Statutes; and	made under oath that my name a	n; that I am an off opears in Block 1	icer or director 10 or Block 11 if
changed	, or on an attachment with an actiress, with	h all other like empowered.		7 11-	- 17-19	יין כי	637-1919
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