FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 21 PM 2:47

100001545471
-07/25/95--01068--018
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000007776

1. Corporation Name: RASHMI CHHADVA DDS, P.A.

Principal Place of Business: 8964 TAFT STREET, PEMBROKE PINES FL 33024

Mailing Address: 1603 EASTLAKE WAY, FT. LAUD., FL 33326

3. Date Incorporated or Qualified:

3a. Date of Last Report:

2. Principal Place of Business — 21: 8964 TAFT STREET

2a. Mailing Address — 26: 1603 EASTLAKE WAY

4. FEI Number: 65-6384214 — Applied For / Not Applicable

22. Suite, Apt #, etc.:

27. Suite, Apt #, etc.:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23. City & State: PEMBROKE PINE, FL

28. City & State: FT. LAUDERDALE, FL

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24. Zip: 33024 — 25. County: BROWARD

29. Zip: 33326 — 30. County: BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RAJU P. MANIAR
11076 ROYAL PALM BLVD.
CORAL SPRINGS, FL 33065

10. Name and Address of New Registered Agent

81 Name: RASHMI CHHADVA

82 Street Address (P.O. Box Number is Not Acceptable): 1603 EASTLAKE WAY

83:

84 City: FT. LAUDERDALE — FL — 85 Zip Code: 33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rashmi Chhadva — 7/10/95

(Signature: Typed or printed name of registered agent and title if signature) (If Registered Agent signature required after resignation) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	RASHMI CHHADVA
STREET ADDRESS	1603 EASTLAKE WAY
CITY, ST, ZIP	FT. LAUD., FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

LW

14. I do hereby certify that the information supplied with this report is accurate, complete and current, subject to the penalties stated in Section 817.155, Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 hereof or on an attachment with an address.

SIGNATURE: Rashmi Chhadva — 7/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)