


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P93000061979</b><br>1. Entity Name<br><b>DILIP MEHTA, M.D., P.A.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>3568 SHORELINE CIRCLE<br/>PALM HARBOR, FL 34684 US</b> | Mailing Address<br><b>3568 SHORELINE CIRCLE<br/>PALM HARBOR, FL 34684 US</b> |
|--|--|



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3206219</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**MEHTA, DILIP  
11375 CORTEZ BLVD  
OAK HILL HOSPITAL  
SPRING HILL, FL 34606**

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IN THIS SPACE**

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 signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000101592  
04/02/04-80019-021 150.00

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MD<br>MEHTA, DILIP<br>3568 SHORELINE CIR<br>PALM HARBOR, FL 34684 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/04 727-841-8212