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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:01

DOCUMENT # **P93000082204 (7)**

1. Corporation Name
ASHOK K. KURUVILLA, M.D., P.A.

Principal Place of Business	Mailing Address
~~3850 COCONUT CREEK PARKWAY~~ ~~SUITE F~~ ~~COCONUT CREEK FL 33066~~	~~3850 COCONUT CREEK PARKWAY~~ ~~SUITE F~~ ~~COCONUT CREEK FL 33066~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1993
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business	2a. Mailing Address
21 5800 Colonial drive	26 5800 Colonial Drive
Suite, Apt. #, etc. 22 Suite 208	Suite, Apt. #, etc. 27 Suite 208
City & State 23 Margate FL	City & State 28 Margate FL
Zip / Country 24 33063 / 25 USA	Zip / Country 29 33063 / 30 USA

4. FEI Number: 65-0453498 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KURUVILLA, ASHOK K ~~3850 COCONUT CREEK PARKWAY~~ ~~SUITE F~~ ~~COCONUT CREEK FL 33066~~	81 Name: KURUVILLA, ASHOK K 82 Street Address (P.O. Box Number is Not Acceptable): 5800 Colonial Drive 83 Suite 208 84 City: Margate FL 85 Zip Code: 33063

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: Ashok K. Kuruvilla M.D. 3/20/95
Signature, Typed or printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KURUVILLA, ASHOK K	12 NAME	
STREET ADDRESS	10727 RIO HERMOSO	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ashok K. Kuruvilla M.D. 3/20/95 (305) 978 7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

01L96L0 CP