FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P94000000428 (0) DOCUMENT #
1. Corporation Name

S.K. AGGARWAL, M.D., P.A.

Principal Place of Business Mailing Address 5814 GRAND BLVD 5614 GRAND BLVD SUITE D SUITE D DO NOT WRITE IN THIS SPACE **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 3. Date Incorporated or Qualified 01/04/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3220596 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AGGARWAL, S K 5814 GRAND BLVD SUITE D **NEW PORT RICHEY FL 34652** 83 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, Significant Statutes.

SIGNATURE

Signature, lyond or grided pages of grided pages of grided pages of grided pages. Zip Code vhen reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE Change Addition 1.1 TITLE AGGARWAL, S K 44 GARWAL SK CREEK ROAD, \$100 NAME 1.2 NAME **5614 GRND BLVD, SUITE D** STREET ADDRESS 1.3 STREET ADDRESS NEW PORTRICHEY, FC 3465Z **NEW PORT RICHEY FL 34852** CITY-ST-ZIP 1.4 C/TY+ST-7/P TITLE ☐ DELETE Change 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this 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.

N.GALLA

4/30/98

(83) RH2 - TARR