2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2007 8:00 am Secretary of State DOCUMENT # P94000003948 05-08-2007 90008 047 ***150.00 CHANDRAKANT SHAH M.D. P.A. Principal Place of Business Mailing Address 40107204 1444 BISCAYNE BOULEVARD 10300 SW 133RD COURT MIAMI, FL 33186 MIAMI, FL 33132 2. Principal Place of Business - No PO Box # 3. Mailing Address 13033 SW 112 STREET 1295 NW 1412 STree Suite, Apt. #_etc 04242007 CR2E034 (12/06) Chg-P Swir E City & State City & State 4. FEI Number Applied For PL 33125 Minmi Fl Limi 65-0473059 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMORANA SHAH, CHANDRAKANT Street Address (P.O. Box Number is Not Acceptable) 10300 SW 133RD COURT 112571555 MIAMI, FL 33186 City MIAMI 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 the obligations of registered agent M251DE151 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete T:TLE Addition SHAH, CHANDRAKANT SHAM CHALSORAKALT NAME MARIE 1295 NW In street suitet STREET ADDRESS 10300 SW 133RD COURT STREET ADDRESS CITY ST ZIP MIAMI, FL 33186 C-TY ST ZIP TITLE Delete 1-TEE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP C TY ST ZIP THE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ME ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000003948

1. Entity Name

CHANDRAKANT SHAH M.D. P.A.



Principal Place of Business

1444 BISCAYNE BOULEVARD

#309

MIAMI, FL 33132

Mailing Address

10300 SW 133RD COURT MIAMI, FL 33186

ATTACHMENT

40107904

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0473059 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, CHANDRAKANT 10300 SW 133RD COURT MIAMI, FL 33186

DO NOT WRITE 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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	10.	OFFICERS AND DIRECTORS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAH, CHANDRAKANT 10300 SW 133RD COURT MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachpent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARSpent

4/15/07

Daytime Phone #