

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009951 (2)

1. Corporation Name

SUDHIR AGARWAL MD, PA



Principal Place of Business

Mailing Address

5622 MARINE PARKWAY
SUITE 12
NEW PORT RICHEY FL 34652

5622 MARINE PARKWAY
SUITE 12
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3219433

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

AGARWAL, SUDHIR
5622 MARINE PARKWAY
SUITE 12
NEW PORT RICHEY FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Sudhir Agarwal

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-96

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME AGARWAL, SUDHIR
3. STREET ADDRESS 5436 WYONING AVE
4. CITY - ST - ZIP NEW PORT RICHEY FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

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4. CITY - ST - ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY - ST - ZIP ☐ Change ☐ Addition

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY - ST - ZIP ☐ Change ☐ Addition

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY - ST - ZIP ☐ Change ☐ Addition

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY - ST - ZIP ☐ Change ☐ Addition

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY - ST - ZIP ☐ Change ☐ Addition

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY - ST - ZIP ☐ Change ☐ Addition

SIGNATURE: *Sudhir Agarwal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-96

813-849-4926

CR2E034 (12/95)