2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

USUL ARMUMIL -

FILED May 03, 2005 08:00 AM Secretary of State

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1. Entity Name

USHA AGARWAL MD, PA

Principal Place of Business

4738 GRAND BLVD.

SUITE C

NEW PORT RICHEY, FL 34652 US

Mailing Address

2725 ST. ANDREWS BLVD. TARPON SPRINGS, FL 34689

US



04252005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3218475 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGARWAL, USHA 2725 ST ANDREWS BLVD TARPON SPRINGS, FL 34689

SIGNATURE:

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ting -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD AGARWAL, USHA 2725 ST ANDREWS BLVD. TARPON SPRINGS, FL 34689				1000000000437
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TITLE NAME STREET ADDRESS GITY-ST-ZIP					
indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a reporation or the receiver or trustee empowere , or on an attachment with an address, with al	and accurate and that my signated to execute this report as required.	nption state ure shall hat ed by Chap	d in Section 119.07(3) we the same legal effecter 607, Florida Statute	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if