

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000009956



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

**FILED  
Apr 27, 2007 08:00 A  
Secretary of State**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3218475	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AGARWAL, USHA  
STREET ADDRESS 2725 ST ANDREWS BLVD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000739973  
05/14/07-80048-021 150.00

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 attachment with an address, with all other like empowered.

**SIGNATURE:** *USHA Agarwal*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USHA AGARWAL

4/27/07

Date

Daytime Phone #