

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90324 039 \*\*\*158.75

<b>DOCUMENT # P94000013911</b> 1. Entity Name <b>ROHIT PATEL, M.D., P.A.</b>																													
Principal Place of Business <b>11408 1/2 N. 56TH STREET TAMPA, FL 33617</b>				Mailing Address <b>11408 1/2 N. 56TH STREET TAMPA, FL 33617</b>																									
2. Principal Place of Business <b>3709 W. Hamilton Ave</b>		3. Mailing Address <b>3709 W. Hamilton Ave</b>		% F 5 0 , , , , - / 5 - - F &																									
Suite, Apt. #, etc. <b># 7</b>		Suite, Apt. #, etc. <b># 7</b>		04262006    Chg-P    CR2E034 (11/05)																									
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3226097</b>																									
Zip <b>33614</b> Country <b>Hillsborough</b>		Zip <b>33614</b> Country <b>Hillsborough</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>PATEL, ROHIT M 11408 1/2 N 56TH ST TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent Name <b>PATEL ROHIT M</b> Street Address (P.O. Box Number is Not Acceptable) <b>3709 W. Hamilton Ave, # 7</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33614</b>																									
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 <u><i>Rohit M. Patel</i></u> DATE <u>4-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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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: <u><i>Rohit M. Patel</i></u> <u>4-26-06</u> <u>813-931-2500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																													