

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000016020 (7)

1. Corporation Name

ANIL G. VERMA, M.D., F.A.C.C., P.A.

ANIL G. VERMA, M.D., F.A.C.C., P.A.

Principal Place of Business

Mailing Address

230 S.E. 23RD AVE.
BOYNTON BEACH FL 33435

230 S.E. 23RD AVE.
BOYNTON BEACH FL 33435

FILED

95 JUN 16 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

02/28/1994

4. FEI Number

65-0479464

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

9. This corporation has liability for intangible tax under S 190.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~ANIL G. VERMA~~ PRESIDENT
NAME ANIL G. VERMA
STREET ADDRESS 230 SE 23RD AVE
CITY-ST-ZIP BOYNTON BEACH, FL 33435

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change Addition
700001520927
-06/22/95--01080--006
*****200.00 *****200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition
700001520927
-06/22/95--01080--007
*****25.00 *****25.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/95

407-369-7865

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9871
904-222-0393 FAX

800-342-8086



RECEIVED
95 JUN 16 10:38
DIVISION OF
CORPORATION

294

ACCOUNT NO. : 072100000032

REFERENCE : 621282 82650A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 16, 1995

ORDER TIME : 9:39 AM

ORDER NO. : 621282

CUSTOMER NO: 82650A

CUSTOMER: Ms. Judy Passante
Gescheidt And Foreman
Suite 320
400 S. Dixie Highway
Boca Raton, FL 33432-6021

FILE 2nd

ANNUAL REPORT FILING

NAME: ANIL G. VERMAN, M.D., F.A.C.C.
P.A.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: _____