

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000016020

1. Entity Name
ANIL G. VERMA, M.D., F.A.C.C., P.A.



Principal Place of Business
2580 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

Mailing Address
2580 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

FILED
05 OCT -6 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

09302005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0479464

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANIL G VERMA MD
2580 S SEACREST BLVD
BOYNTON BCH, FL 33435

Name

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

City

FL

Zip Code

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VERMA, ANIL G
2580 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600060309636
10/06/05--01063--013 **150.00

TITLE
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☐ Delete

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☐ Change ☐ Addition
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TITLE
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☐ Change ☐ Addition
T Roberts OCT 07 2005

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/05 561-369-7865
Date Daytime Phone #