

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

25 MAY -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020243 (9)**

RAJU MANGROLA, M.D., P.A.

DO NOT WRITE IN THIS SPACE

1. Name of Corporation
**603 VILLAGE BLVD
SUITE 208
WEST PALM BEACH FL 33409**

2. Mailing Address
**603 VILLAGE BLVD
SUITE 208
WEST PALM BEACH FL 33409**

3. Date for Corporation or Qualified
03/08/1994

3a. Date of Last Report

4. FEI Number
65-0471763 (Tax ID #)

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**

7. Has Corporation Registered for Campaign Finance Under Chapter 100, Florida Statutes? Yes No **(It is being filed)**

2. Principal Office and Location
21

2a. Mailing Address
25

3. City and State
22

3a. City and State
27

4. City and State
23

4a. City and State
28

5. City and State
24

5a. City and State
25

6. City and State
29

6a. City and State
30

9. Name and Address of Current Registered Agent
**MANGROLA, RAJU
603 VILLAGE BLVD
SUITE 208
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 605.01, 605.02, and 605.03, 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 this position under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

NAME	D MANGROLA, RAJU
STREET ADDRESS	603 VILLAGE BLVD
CITY AND STATE	WEST PALM BEACH FL 33409
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY AND STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY AND STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY AND STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that I am qualified for the position stated in this report. I further certify that this information is true and correct, and that my signature shall have the same legal effect as if I were personally present at the time of filing this report as required by Chapter 605, Florida Statutes, and that my name appears in the public records of the State of Florida.

SIGNATURE: **RAJ MANGROLA**

4110 427-640
-3526