

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000020243 (9)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

600 VILLAGE BLVD
SUITE 200
WEST PALM BEACH FL 33409

600 VILLAGE BLVD
SUITE 200
WEST PALM BEACH FL 33409

NEW ADDRESS

NEW ADDRESS

3. Date Incorporated or Qualified
03/08/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2401 PGA BLVD**

26 **2401 PGA BLVD**

4. FEI Number
65-0471763

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 248**

27 **# 248**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **PAIM BEACH GARDENS**

28 **PAIM BEACH GARDENS**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33410**

25 **P. Beach**

29 **FL 33410**

30 **FL P. Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANGROLA, RAJU
600 VILLAGE BLVD
SUITE 200
WEST PALM BEACH FL 33409

→ see new address

81 Name

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

**2401 PGA BLVD
SUITE 248**

83

84

PAIM BEACH GARDENS FL

85 Zip Code
33410

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 date of signature

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D MANGROLA, RAJU**
STREET ADDRESS **600 VILLAGE BLVD** *→ NEW ADDRESS*
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME **NEW ADDRESS**
13 STREET ADDRESS **2401 PGA BLVD # 248**
14 CITY-ST-ZIP **PAIM BEACH GARDENS FL 33410**

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

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

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

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

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

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)(k), 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: **R.P. Mangrola, M.D., P.A. (Provident) 419916** **407-691-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #

CR2E034 (12/95)