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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000026166 (6)

1. Corporation Name
RADHA MEDICAL, P A

Principal Place of Business
1302 GARDEN ST.
TITUSVILLE FL 32796

Mailing Address
1302 GARDEN ST.
TITUSVILLE FL 32796-3313



3. Date Incorporated or Qualified 04/06/1994
3a. Date of Last Report 06/11/1996

4. FEI Number 59-3233448
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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

~~PATTERSON, DAVID R
S & D ENTERPRISES
166 SEA PARK BLVD.
SATELLITE BEACH FL 32937~~
NEW
→

10. Name and Address of New Registered Agent

81 Name JERAM P. CHAPLA
82 Street Address (P.O. Box Number is Not Acceptable) 1302 GARDEN ST.
83
84 City TITUSVILLE FL 85 Zip Code 32796

11. Pursuant to the provisions of Sections 607.02 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]* (NOTE: Registered Agent signature required when reinstating) DATE 1-27-97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	CHAPLA, JERAM P	☐ Change ☐ Addition	
1302 GARDEN ST.		1.3 STREET ADDRESS	
TITUSVILLE FL		1.4 CITY - ST - ZIP	
☐ DELETE		2.1 TITLE	2.2 NAME
		☐ Change ☐ Addition	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
☐ DELETE		3.1 TITLE	3.2 NAME
		☐ Change ☐ Addition	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
☐ DELETE		4.1 TITLE	4.2 NAME
		☐ Change ☐ Addition	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
☐ DELETE		5.1 TITLE	5.2 NAME
		☐ Change ☐ Addition	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
☐ DELETE		6.1 TITLE	6.2 NAME
		☐ Change ☐ Addition	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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 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 its registered agent 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]* 1-27-97 407-383-3332
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)