

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000031729 (4)

1. Corporation Name

HAYWARD, NAIK, PATEL AND SHAH, P.A.

Principal Place of Business

8836 SEMINOLE BLVD.
SEMINOLE FL 34642

Mailing Address

8836 SEMINOLE BLVD.
SEMINOLE FL 34642

FILED
Aug 04 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/25/1994	06/18/1996
4. FEI Number	Applied For
59-3294212	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name	Sandip I. Patel
82 Street Address (P.O. Box Number is Not Acceptable)	18167 US Hwy 19 North, Suite 150
83	
84 City	Clearwater
85 Zip Code	FL 33764

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAYWARD, EDWARD C MD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8836 SEMINOLE BLVD.	1.2 NAME	
STREET ADDRESS	SEMINOLE FL 34642	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D NAIK, RAJAN K MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8836 SEMINOLE BLVD.	2.2 NAME	
STREET ADDRESS	SEMINOLE FL 34642	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PATEL, KIRIT D MD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8836 SEMINOLE BLVD.	3.2 NAME	
STREET ADDRESS	SEMINOLE FL 34642	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHAH, SAMIR C MD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8836 SEMINOLE BLVD.	4.2 NAME	
STREET ADDRESS	SEMINOLE FL 34642	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: SANDIP I. PATEL

7/29/97

(813) 396-7701

CR2E034 (4/97)