

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065164 (3)**

1. Corporation Name

TIYYAGURA S. REDDY, M.D., P.A.



Principal Place of Business

**13908 LAKESHORE BLVD
SUITE 210
HUDSON FL 34667**

Mailing Address

**13908 LAKESHORE BLVD
SUITE 210
HUDSON FL 34667**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**REDDY, TIYYAGURA S
7209 ROYAL OAK DR
SPRING HILL FL 34607**

81

Name

82

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

83

84

City

FL

85 Zip Code

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 of Registered Agent or Director of Corporation

Signature of Registered Agent or Director of Corporation

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

**DP
REDDY, TIYYAGURA S
7209 ROYAL OAK DR
SPRING HILL FL 34607**

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

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)(g), 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. 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 my address.

SIGNATURE:

TIYYAGURA S. REDDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 813-863-2105

CR2E034 (12/95)