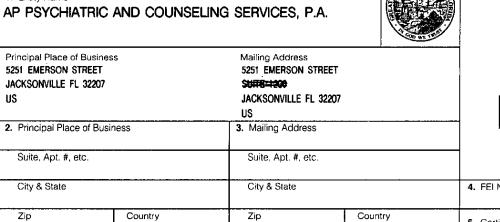
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000076233

1. Entity Name



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90051 018 ***150.00

Principal Place of Business 5251 EMERSON STREET JACKSONVILLE FL 32207 US			Mailing Address 5251 EMERSON STREET SUITE → 200 JACKSONVILLE FL 32207 US						
2. Principal Pla	ace of Busines	3	3. Mailing Add	dress					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3274085			pplied For ot Applicable
Zip		Country	Zìp	Co	ountry	5. Certificate of Status Desired		8.75 Ad	ditional
	6. Name ar	d Address of Current	Registered Agen	t		7. Name and Address of New Re	gistered Ag	ent	
			,		Name				
ΡΔΤΗΔΚ ΔΙ	Ν.ΙΔΙ Ι Δ					,			
PATHAK, ANJALI A 5251 EMERON STREET					Street Addres	s (P.O. Box Number is Not Acceptable)			
JACKSONVI	ille fl 3220	17							
					City		FL	Zip Coc	le
			or the purpose of o	hanging its regis	tered office or regis	tered agent, or both, in the State of Flori	ida. I am far	niliar with,	and accept
the obligation	ons of registere	d agent.							
CICNIATURE									
SIGNATURE Si	Signature, typed or p	rinted name of registered agent	and title if applicable.	(NOTE: Regis	stered Agent signature requi	ired when reinstating)	DATE		
After I	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00			١	9. Election Campaign Fina Trust Fund Contribution.			O May Be
Make Check F	Payable to F	orida Department o	of State			Tradity and Sork Institution	_	71000	4 10 1 003
10.		OFFICERS AND	DIRECTORS	1	н.	ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	S IN 11
HTLE 5	P			Delete ·	TITLE			Change	Addition
IAME F	PATHAK, AN	JALI A MD			NAME				
	5251 EMERS			1 :	STREET ADDRESS				
		LE FL 32207			CITY-ST-ZIP				
TITLE '	3/10/100/11/12	LE 1 E OLLO1					ŗ	Change	Addition
IAME			Ц	2 0.010	TITLE		ı		L.J. Addition
STREET ADDRESS					STREET ADDRESS City-St-Zip				
CITY-ST-ZIP									
TITLE .				20.010	TITLE		. [Change	Addition
IAME					NAME				
STREET ADDRESS					STREET ADDRESS				
					CITY-ST-ZIP				
CITY-ST-ZIP				Delete	TITLE		[☐ Change	Addition
				1 ,	NAME				
TITLE IAME				. '	l l				
ITLE					STREET ADDRESS				
ITLE :				5	STREET ADDRESS CITY-ST-ZIP				
ITLE IAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		5				Change	☐ Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP				S C Delete 1	CITY-ST-ZIP		[Change	☐ Addition
ITLE IAME STREET ADDRESS STTY-ST-ZIP				Delete 1	CITY-ST-ZIP]	_ Change	Addition
ITILE IAME ITREET ADDRESS ITY-ST-ZIP ITILE IAME		· · · · · · · · · · · · · · · · · · ·		Delete 1	CITY-ST-ZIP TITLE NAME]	Change	☐ Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP TILE IAME STREET ADDRESS SITY-ST-ZIP				Delete 1	CITY-ST-ZIP IITLE IAME STREET ADDRESS CITY-ST-ZIP				
ITLE IAME STREET ADDRESS SITY-ST-ZIP TILE IAME STREET ADDRESS SITY-ST-ZIP TILE TITEET ADDRESS SITY-ST-ZIP				Delete 1 Delete 1 Delete 1	CITY-ST-ZIP IITLE IAME STREET ADDRESS CITY-ST-ZIP IITLE			☐ Change	☐ Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP TILE IAME STREET ADDRESS SITY-ST-ZIP TILE IAME STREET ADDRESS SITY-ST-ZIP TILE IAME				Delete 1 Delete 1 Delete 1	CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME				
ITLE IAME STREET ADDRESS SITY-ST-ZIP TILE IAME STREET ADDRESS SITY-ST-ZIP TILE TITEET ADDRESS SITY-ST-ZIP				Delete 1 Delete 1 Delete 5	CITY-ST-ZIP IITLE IAME STREET ADDRESS CITY-ST-ZIP IITLE				

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: