


FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 026 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000079075

1. Entity Name
ASHOK KUMAR DHADUVAI, M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business Mailing Address
2901 US 301 NORTH **2901 US 301 N**
ELLENTON, FL 34222 US **ELLENTON, FL 34222 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0563181 Not Applicable

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


04122006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent
DHADUVAI, ASHOK-KUMAR
C/O 2901 US 301 N
ELLENTON, FL 34222

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when applicable)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DHADUVAI, ASHOK-KUMAR C/O 2901 US 301 N ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Dhaduvai, Ashok-Kumar 2901 US 301 N Ellenton, FL 34222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DHADUVAI, VIJAYALAKSHMI C/O 2901 US 301 N ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  Date: **04-14-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #