


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90100 033 ***150.00

DOCUMENT # P94000093847

1. Entity Name
V.A. REDDY & M.P. KUMAR, M.D., P.A.



60009592



Principal Place of Business
3406 N LECANTO HWY SUITE B BEVERLY HILLS, FL 34465

Mailing Address
P.O. BOX 640309 BEVERLY HILLS, FL 34464-0309

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
3400 N LECANTO HWY

3. Mailing Address

Suite, Apt. #, etc. **SUITE A**

Suite, Apt. #, etc.

City & State **BEVERLY HILLS FL**

City & State

4. FEI Number
59-3285543

Applied For
 Not Applicable

Zip **34465** Country **CITRUS**

Zip Country

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

6. Name and Address of Current Registered Agent

REDDY, VENUGOPALA A
3406 N LECANTO HWY SUITE B BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name **REDDY VENUGOPALA A**

Street Address (P.O. Box Number is Not Acceptable)
3400 N LECANTO HWY STE A

City **BEVERLY HILLS FL** Zip Code **34465**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REDDY, VENUGOPALA A 3400 N. LECANTO HWY SUITE A BEVERLY HILLS, FL 34465 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARIANANDA, KUMAR P 3406 N LECANTO HWY SUITE B BEVERLY HILLS, FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> 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 empowered.

SIGNATURE: VENUGOPALA REDDY (VENUGOPALA REDDY 1-15-07 352-746-2887)

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