

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90007 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # **P95000000895** ✓
Corporation Name

RAMESHWAR N. MATHUR, M.D., P.A.

Principal Place of Business SANDPINE CIR. TITUSVILLE FL 32796	Mailing Address 1185 SANDPINE CIR. TITUSVILLE FL 32796
-----------------------------------------------------------------------------	----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3281861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

6250 N. US 1

2a. Mailing Address

6250 N. US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, Florida

City & State

Cocoa, Florida

Zip

32927

Country

US

Zip

32927

Country

US

9. Name and Address of Current Registered Agent

**MATHUR, RAMESHWAR N
1185 SANDPINE CIR.
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

<input type="checkbox"/> DELETE	D MATHUR, RAMESHWAR N M.D. 6250 NORTH U.S. 1 COCOA FL 32927
---------------------------------	--------------------------------------------------------------------------------

<input type="checkbox"/> DELETE	D MATHUR, UMA R 1185 SANDPINE CIR. TITUSVILLE FL 32796
---------------------------------	---------------------------------------------------------------------------

<input type="checkbox"/> DELETE	
---------------------------------	--

<input type="checkbox"/> DELETE	
---------------------------------	--

<input type="checkbox"/> DELETE	
---------------------------------	--

<input type="checkbox"/> DELETE	
---------------------------------	--

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I 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:

RAMESHWAR N. MATHUR

7/19/99

(407)631-6402

CR2E034 (5/99)