

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000001549

1. Entity Name
THIRU S. ARASU, M.D., P.A.



Principal Place of Business
3001 W.M.L. KING BLVD.
TAMPA, FL 33607

Mailing Address
3001 W.M.L. KING BLVD.
TAMPA, FL 33607

**FILED
May 01, 2006 08:00 AM
Secretary of State**



04212006 No Chg-P CR2E034 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3290241 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARASU, THIRU S
3001 W.M.L. KING BLVD.
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARASU, THIRU S
STREET ADDRESS 3001 W.M.L. KING BLVD.
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000552359
05/15/06-80047-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

THIRU S. ARASU

4/25/06

Date

Daytime Phone #