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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000005159 (5)**

1. Corporation Name

SHIVAKUMAR S. HANUBAL, M.D., P.A.

Principal Place of Business	Mailing Address
9728 FAIRWAY CIRCLE **LEESBURG FL 34788**	**9728 FAIRWAY CIRCLE** **LEESBURG FL 34788**

3. Date Incorporated or Qualified: **01/18/1995**
3a. Date of Last Report:

2. Principal Place of Business
21: 9836 US. Hwy 441
22 Suite, Apt. #, etc.: Suite #101
23 City & State: Leesburg, FL
24 Zip: 34788
25 Country: USA

2a. Mailing Address
26: 9836 US. HWY 441
27 Suite, Apt. #, etc.: Suite #101
28 City & State: Leesburg, FL
29 Zip: 34788
30 Country: USA

4. FEI Number: 59-3289872 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HANUBAL, SHIVAKUMAR S
9728 FAIRWAY CIRCLE
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name: Hanubal, Shivakumar S.
82 Street Address (P.O. Box Number is Not Acceptable): 9836 US HWY 441, Suite 101
83
84 City: Leesburg FL 85 Zip Code: 34788

11. 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: X SHIVAKUMAR S. HANUBAL, PRESIDENT DATE: 8/2/96
Signature, Typed or printed name of registered agent, and title, if applicable (If FL Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANUBAL, SHIVAKUMAR S 9728 FAIRWAY CIRCLE LEESBURG FL 34788	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Hanubal, Shivakumar S. 9836 US HWY 441, Suite 101 Leesburg, FL 34788	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X SHIVAKUMAR S. HANUBAL PRESIDENT 8/2/96 352-726-9516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #