

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
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90003 017 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005159

1. Corporation Name

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

Principal Place of Business

**9836 U.S. HIGHWAY 441
#102
LEESBURG FL 34788
US**

Mailing Address

**9836 U.S. HIGHWAY 441
#102
LEESBURG FL 34788
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

59-3289872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANUBAL, SHIVAKUMAR S
9836 U.S. HIGHWAY 441, SUITE 102 ← NOTE Change
LEESBURG FL 34788**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D HANUBAL, SHIVAKUMAR S**
STREET ADDRESS **9836 U.S. HIGHWAY 441, SUITE 102**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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:

SHIVAKUMAR S. HANUBAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/99 352-328-950

CR2E034 (5/99)

590161-9003-17
P45000005159

Ganga V. Mukkavilli

T: (212) 684-CPAS; F: (212) 684-7905

Certified Public Accountant

303 Fifth Avenue, Suite 1205, New York, NY 10016

e-mail: GMCPA@aol.com

June 30, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re Taxpayer: Shivakumar Hanubal, MD, PA
Form: Annual Report 1999

Dear Sir/Madam:

We are writing in regards to the Profit Corporation Annual Report for 1999.

Please be advised, the taxpayer never received the 1st notice and received the 2nd notice only recently because we requested that a copy be sent to the taxpayer. Please note that the taxpayer had a similar problem before with the mail being delayed or lost.

Your office instructed the taxpayer to pay the regular fee of \$150.00.

Enclosed please find a completed annual report and a check in the amount of \$150.00.

If you require further information please do not hesitate to contact us.

Sincerely,

Ganga Mukkavilli

Ganga Mukkavilli, CPA

~~~~~ Password: shanbalshar630 ~~~~~