## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. MOUNT DUE ON OR BEFORE 9/17/87: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006145 (3)

JANAKI L. NARAYAN, M.D., P.A.

## FILED Sep 18 1997 8:00am Secretary of State



Principal Place of	Business	Mailing Address	Mailing Address					
1314 SO. FT. HARRISON AVENUE		1314 SO. FT. HARRISON AVENUE						
CLEARWATER FL 34616		CLEARWATER FL 34616						
					DO NOT WRITE			
					<ol> <li>Date Incorporated or Qualified 01/24/1995</li> </ol>	3a. Date of Lat 07/16/199		
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26 1314 So Ft. Harrison Ave				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, otc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28 Clearwater Fl		Trust Fund Contribution		led to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has pai	d the current year	r Intangible	
24	25		O PIN	ellas	Personal Property Tax due June	30. 🔀 Yes	☐ No	
	Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered Agent		
NARAYAN, JANAKI L				Name				
1314 <b>\$0</b> . Ft. Harrison avenue			82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
CLEAR	WATER FL 34616							
			83	1				
			84	City		85 2	Zip Code	
44 5	70	00 100 4500 51 11 61		L		FL  °'		
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, typod or printed name of registered agent and tricilit applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	<del></del>	ND DIRECTORS	<b>1</b> 13.	on eighteore required	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE			1.1 TITLE			☐ Chan		
NAME NARAYAN, JANAKI L			1.2 NAME				ŀ	
STREET ADDRESS 1314 SO. FT. HARRISON AVENUE			1,3 STREE1 ADDRESS				j	
CITY-ST-ZIP CLEARWATER FL 34616			1.4 CITY - ST - ZIP				ĺ	
TITLE	DELETE 2.		2.1 TITLE			☐ Chan	ge Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREFT ADDRESS					
CITY-ST-ZIP		2.4 CiTY-ST-ZIP						
TITLE	TITLE DELETE :					Chan	ige 🔲 Addition	
NAME			3.2 NAME				ŀ	
STREET ADDRESS			33 STREE	T ADDRESS				
CITY-ST-ZIP		T an esa	3.4. CITY-	S1 - Z(P				
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NAME			4. 2 NAME				ļ	
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CITY-ST-ZIP		T pricts	4.4 CITY-	ST-ZIP				
TITLE		DELETE	5.1 TITLE		•	☐ Chan	ge Addition	
NAME			5.2 NAME					
STREET ADDRESS				1 ADORESS				
CITY-ST-ZIP		DECEME	5.4 CITY-	ST-ZIP		T At a		
TITLE		☐ DELETE	6.1 TITLE			Chan	ge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP	partify that the information commi	ad with this filing does not avails.	6.4 CITY-		n Section 119.07(3)(i), Florida Statutes	I further corre	hat the	
1.00 (18:80) (	agruny unau imo imionination suppii	iou yaan dhis hiinia doos noc <b>alla</b> liiv	TOTAL THE BX6	ampuun stated I	ก องบลบท - กษามกอา(ก), ศายกดส อิโลโนโอร	. I TURRIER CERRITY I	nacue l	

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 earth; 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.

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Particular of Many

9-10-97,