


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P95000034971 1. Entity Name VATSALA SASTRY M.D., P.A. |  |
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|--|--|
| Principal Place of Business 15435 CORTEZ BLVD BROOKSVILLE, FL 34613 US | Mailing Address 15435 CORTEZ BLVD BROOKSVILLE, FL 34613 US |
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3314210 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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| 6. Name and Address of Current Registered Agent SASTRY, VATSALA 15435 CORTEZ BLVD BROOKSVILLE, FL 34613 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SASTRY, VATSALA 15435 CORTEZ BLVD BROOKSVILLE, FL 34613 |
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04/16/04-80068-007 150.00

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IN THIS SPACE**

12. 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 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: _____

4/8/4