FILE NÓW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000040075

1. Corporation Name

NARENDRA S. SASTRY, M.D., P.A.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90125 025 ***150.00



	of Business	Mailing Address			
4 COLUMBIA DI	R., SUITE 830	4 COLUMBIA DR., SUITE 83	0		
	IEDICAL TOWER	HARBORSIDE MEDICAL TOV	VER		DO NOT WOLFE IN THIS SPACE
TAMPA FL 3360	06	TAMPA FL 33606			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					05/18/1995
. 2. Principal Pl	lace of Business	2a. Mailing Address	•		4. FEI Number Applied For
21		26			59-3323996 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Žip	Country	Zip	Coun	itry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9 Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
				81 Name	••••••••••••••••••••••••••••••••••••••
SAST	TRY, NARENDRA S M.D.			20 0: 1	A LL (D.O. D Number in Net Apportable)
4 CC	OLUMBIA DR., SUITE 830			82 Street	Address (P.O. Box Number is Not Acceptable)
	BORSIDE MEDICAL TOWER		1	83	
	PA FL 33606		1	•	
***				84 City	FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	tes.	3,41,51,51,51,51,51,51,51,51,51,51,51,51,51
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	Agent signature r	required when reinstating) DATE
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
					ADDITIONS/CHANGES TO OFF TOLING AIRD BIREOTONS IN TE
TITLE	D	☐ DELETE	1,1 TITL	.E	Change Addition
TITLE	D SASTRY, NARENDRA S.M.D.				
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TITLE NAME STREET ADDRESS	Sastry, Narendra S M.D. 4 Columbia dr., Suite 830, H	☐ DELETE	1.1 TITE 1.2 NAM 1.3 STF	ME REET ADORESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SASTRY, NARENDRA S M.D.	□ DELETE IARBORSIDE TOW.	1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT	ME REET ADORESS Y-ST-ZIP	☐ Change ☐ Addition
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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, with all other like empowered.