**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000051389**1. Corporation Name

ASHOK MOHANLAL PATEL, M.D., P.A.

			·		<del></del>				
Principal Place	e of Business	Mailing Address							
1258 WEST BAY	Y DR	1258 WEST BAY DR				1			
SUITE A		SUITE A				DO NOT WRITE II	N THIS SDAC	<b>-</b>	
LARGO FL 3377	70	LARGO FL 33770 US				Date Incorporated or Qualifed	4 This serve		
US		US				06/29/1995			
5 Dala sin at Di	lana of Ducinosa	2a. Mailing Address				4. FEI Number		Anni	ied For
<u> </u>	lace of Business	— ` <b>⟨∧</b> □	ME			59-3327150	-		Applicable
21 Suite Ant	SAME	Suite, Apt. #, etc.	101 6			39 3321 130	\$R		Iditional
Suite, Apt.	#, <del>6</del> 10.	27				5. Certificate of Status Desired		ee Req	
- City & State	<u> </u>	City & State	<del></del> -		<del></del>	6. Election Campaign Financing	\$1	5.00 M	lay Ba
	6 -	28				Trust Fund Contribution		ded to	, ,
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current			
<del>-</del> '	25	29	30	,		Personal Property Tax.	yoo	s [	3No
24	9. Name and Address of Curren		1001			10. Name and Address of New Regi	stered Agent		
·				81 Nam	18				
PATE	el, sandip i					S/tme-	<del>_ :</del>		
2240	BELLEAIR ROAD			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)	)		Ì
SUIT	E 160			83		<del></del>			
	ARWATER FL 33764								
				84 City			FL 85	Zip Co	ode
44	4- the american of Continue 607 050	2 and 607 1509 Florida Str	atutes the a		ed corno	ration submits this statement for the pur		ina its re	egistered
office or re	egistered agent, or both, in the State	of Florida. Such change wa	is authorized	i by the co	rporation	n's board of directors. I hereby accept the	e appointment	as regi	stered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Stati	utes.	114				[
SIGNATURE						- Investigation	DATE		(
	Signature, typed or printed name of registered ager	nt and title if applicable. (N	13.	Agent signat.	re required	when reinstating)  ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

(727).518.6444

FILED Apr 20, 1999 8:00 am Secretary of State

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