

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000071710 (4)**

1. Corporation Name  
**KUNJANA MAVUNDA, M.D., P.A.**



Principal Place of Business: **1401 NW 17TH AVENUE MIAMI FL 33125-2322**  
Mailing Address: **1401 NW 17TH AVENUE MIAMI FL 33125-2322**

3. Date Incorporated or Qualified: **09/14/1995**  
3a. Date of Last Report: [ ]  
4. FEI Number: **65-0609240**  
Applied For: [ ] Not Applicable: [ ]  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: [ ]  
2a. Mailing Address: [ ]  
21. Suite, Apt. #, etc.: [ ]  
22. City & State: [ ]  
23. Zip: [ ] Country: [ ]  
24. [ ] 25. [ ]  
26. [ ]  
27. [ ]  
28. [ ]  
29. [ ] 30. [ ]

**9. Name and Address of Current Registered Agent**

**MAVUNDA, KUNJANA M.D.  
1401 NW 17TH AVENUE  
MIAMI FL 33125-2322**

**10. Name and Address of New Registered Agent**

81. Name: [ ]  
82. Street Address (P.O. Box Number is Not Acceptable): [ ]  
83. [ ]  
84. City: [ ] State: **FL** Zip Code: 85. [ ]

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

NAME: <b>D MAVUNDA, KUNJANA M.D.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>1401 NW 17TH AVENUE</b>	
CITY-STATE-ZIP: <b>MIAMI FL 33125-2322</b>	
NAME: [ ]	<input type="checkbox"/> DELETE
STREET ADDRESS: [ ]	
CITY-STATE-ZIP: [ ]	
NAME: [ ]	<input type="checkbox"/> DELETE
STREET ADDRESS: [ ]	
CITY-STATE-ZIP: [ ]	
NAME: [ ]	<input type="checkbox"/> DELETE
STREET ADDRESS: [ ]	
CITY-STATE-ZIP: [ ]	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE: <b>P/STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: <b>MAVUNDA, KUNJANA M.D.</b>	
13. STREET ADDRESS: <b>1401 NW 17TH AVENUE</b>	
14. CITY-STATE-ZIP: <b>MIAMI FL 33125-2322</b>	
21. TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: [ ]	
23. STREET ADDRESS: [ ]	
24. CITY-STATE-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME: [ ]	
33. STREET ADDRESS: [ ]	
34. CITY-STATE-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME: [ ]	
43. STREET ADDRESS: [ ]	
44. CITY-STATE-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME: [ ]	
53. STREET ADDRESS: [ ]	
54. CITY-STATE-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME: [ ]	
63. STREET ADDRESS: [ ]	
64. CITY-STATE-ZIP: [ ]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **K. Mavunda** **KUNJANA MAVUNDA, M.D.** 1-19-1996 (305) 666 5891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)