


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

FILED

**Apr 27 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000071710 (4)
 1. Corporation Name
KUNJANA MAVUNDA, M.D., P.A.



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 8950 N KENDALL DR 400 MIAMI FL 33178 US | Mailing Address 8950 N KENDALL DR 400 MIAMI FL 33178 US |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/14/1995 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0609240 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 4625 PONCE DE LEON BLVD | 2a. Mailing Address 6400 S.W. 122nd ST |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State CORAL GABLES, FL | 27 City & State MIAMI, FL |
| 23 Zip 33146 | 28 Country |
| 24 | 29 33156 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**KUNJANA MAVUNDA MD
8950 N KENDALL DR
400
MIAMI FL 33178**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name KUNJANA MAVUNDA MD |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6400 S.W. 122nd ST |
| 83 |
| 84 City MIAMI |
| 85 State FL |
| 86 Zip Code 33156 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PDS | <input type="checkbox"/> DELETE |
| NAME | MAVUNDA, KUNJANA MD | |
| STREET ADDRESS | 8950 N KENDALL DR #400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4625 PONCE DE LEON BLVD |
| 1.4 CITY-ST-ZIP | CORAL GABLES, FL 33146 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: K. Mavunda (KUNJANA MAVUNDA, MD) 4/20/98 (305)668-0075

CR2E034 (10/97)