

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073323 (4)

1. Corporation Name

PRATIKSHA K. RAJAN, M.D., P.A.



Principal Place of Business

2404 U.S. HWY 19
HOLIDAY FL 34691

Mailing Address

2404 U.S. HWY 19
HOLIDAY FL 34691

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2520 U.S. HWY 19

26 2520 U.S. HWY 19

4. FEI Number

59-3336874

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HOLIDAY, FLORIDA

28 HOLIDAY, FLORIDA

24 Zip Country

25 USA

29 Zip Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAJAN, PRATIKSHA K
2404 U.S. HWY 19
HOLIDAY FL 34691

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2520 U.S. HWY 19

83

84 City

HOLIDAY

FL

85 Zip Code

34691

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when removing title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RAJAN, PRATIKSHA K
STREET ADDRESS P O BOX 1307 N/A
CITY-ST-ZIP ELFRS FL 34680

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)