

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000089801 (1)**

1. Corporation Name

PRATURI SHARMA, M.D., P.A.



Principal Place of Business

**16244 SOUTH MILITARY TRAIL
SUITE 325
DELRAY BEACH FL 33484**

Mailing Address

**16244 SOUTH MILITARY TRAIL
SUITE 325
DELRAY BEACH FL 33484**

2. Principal Place of Business

21 Subd. Apt. #, etc.

22 City & State

23 Zip

25 County

2a Mailing Address

26 Subd. Apt. #, etc.

27 City & State

28 Zip

30 County

9. Name and Address of Current Registered Agent

**GEROW, JEFFREY S
4800 NORTH FEDERAL HIGHWAY
SUITE 306B
BOCA RATON FL 33431**

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

4. FE Number

65-0624627

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. 190.03, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.01(4)(b), Florida Statutes, the above named corporation hereby makes this statement for the purpose of changing its registered office or registered agent, or both, to the address above. Such change was authorized by the proper officers of the corporation, and may be approved as a registered agent. This form is valid and accepted by the corporation of the State of Florida.

SIGNATURE

12. OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information appearing on this report is true and correct, and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. This form is valid and accepted by the corporation of the State of Florida. This form is valid and accepted by the corporation of the State of Florida. This form is valid and accepted by the corporation of the State of Florida.

SIGNATURE:

Praturi Sharma **PRATURI SHARMA M.D. PA 4/16/96 407 499 4739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (12/95)