

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90035 027 \*\*\*150.00

**DOCUMENT # P95000095475**

1. Entity Name  
**COURTESY HEALTH CARE CORP.**



Principal Place of Business  
**3900 CLARK RD., #3 & 4  
SARASOTA, FL 34232 US**

Mailing Address  
**150 2ND. AVENUE NORTH  
SUITE 810  
ST PETERSBURG, FL 33710**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 389**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**St. Petersburg FL**

Zip

Country

Zip  
**33731-0389**

Country  
**USA**

03232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3348297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**O'CONNOR, PATRICK M. ESQUIRE  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764**

## 7. Name and Address of New Registered Agent

Name

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

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DESAI, AKSHAY M M.D.  
STREET ADDRESS 150 2ND. AVE. NO. STE. 810  
CITY - ST - ZIP SAINT PETERSBURG, FL 33701

TITLE V ☒ Delete  
NAME NAIK, RAJANKUMAR  
STREET ADDRESS 1100 S. FT. HARRISON  
CITY - ST - ZIP CLEARWATER, FL 34616

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**94059974**

