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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P95000097477 (0)

BHARAT G. PADALIA, M.D., P.A.

13002 BELL CREEK CHASE RIVERVIEW FL 33569			13002 BELL CREEK CHASE RIVERVIEW FL 33569-5727		
				3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
2. Principal F	hace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3350115	Not Applicable
Suite, Apt 22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	(e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	7.p	Country	8. This corporation has liability for	
24	[25]	29	30	Florida Statutes L 10. Name and Address of New Re	Yes No
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New Ne	gistereo Agent
	SSMAN, ALAN S ESQ.	••	of Maine		
	15 Court Street, Suite 16 Earwater FL 34616	12		dress (P.O. Box Number is Not Acceptal	ole)
			83		l
	•		84 City		FL 85 Zip Code
11. Pursumit office or i agent ±a	to the provisions of Sections 607 registered agent, or both, in the S confamiliar with, and accept the c	.0502 and 607 1508, Florida Statuti State of Florida Such change was a bligations of, Section 607,0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
SIGNATURE					
	Superior regards a protest mass corregister		E Registered Agent signature req.		DATE CONTROL IN TO
12.	D	AND DIRECTORS DILETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TILE	PADALIA, BHARAT G M.D.				Change Addition
NAME			1.2 NAME		
STREET ADDRESS	RIVERVIEW FL 33589	DE .	1.3 STREET ADDRESS		
CHY ST. ZP	MIACUAICIA LE 22208	DELFTE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		E control
STREET ADDRESS			2 3 STREET ADDRESS		
STREET MOUNTAIN CHY+ST+ZIP			2 4 CITY - ST - ZIP		
1014		DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STEELT ADORESS			3.3 STREET ADDRESS		
City-St-ZIP			3.4. CITY-ST-ZIP		
Tare		DELETE	4.1 THLE	1,000	Change Addition
NAMi			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY ST ZIP			4.4 CITY - ST - ZIP		
Incr		DELETE	5 1 TITLE		Change Addition
NAM			5 2 NAME		
STREET ACORESS			5 3 STREET ADDRESS		
06Y \$1 7m			54 CITY-ST-ZIP		
1:114		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
	1		o b a single in provided		

SIGNATURE: Phane G Palin

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

14. Lido 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 Brock 13 if changed, or on an attachment with an address.

2-15-97 (F17) 685 (229

FILED

Mar 24 1997 8:00am

Secretary of State