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Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90023 013 \*\*\*\*150.00



PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000003998

1. Corporation Name  
VITHAL D. KARDANI, M.D., P.A.

Principal Place of Business  
3903 HIDDEN SPRINGS PLACE  
VALRICO FL 33594

Mailing Address

3903 HIDDEN SPRINGS PLACE  
VALRICO FL 33594

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

22 City & State

23 Zip

City & State

28

Country

24

Zip

25

29

30

Country

9. Name and Address of Current Registered Agent

GAZZMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 34616

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

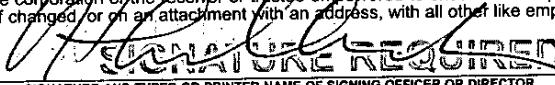
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS      |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---------------------------------|---------------------------|---|---|
| TITLE                           | D                         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                            | KARDANI, VITHAL D M.D.    | 1.2 NAME  |   |
| STREET ADDRESS                  | 3903 HIDDEN SPRINGS PLACE | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                     | VALRICO FL 33594          | 1.4 CITY-ST-ZIP                                       |   |
| <input type="checkbox"/> DELETE |                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |                           | 2.2 NAME  |   |
| <input type="checkbox"/> DELETE |                           | 2.3 STREET ADDRESS                                    |   |
| <input type="checkbox"/> DELETE |                           | 2.4 CITY-ST-ZIP                                       |   |
| <input type="checkbox"/> DELETE |                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |                           | 3.2 NAME  |   |
| <input type="checkbox"/> DELETE |                           | 3.3 STREET ADDRESS                                    |   |
| <input type="checkbox"/> DELETE |                           | 3.4. CITY-ST-ZIP                                      |   |
| <input type="checkbox"/> DELETE |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |                           | 4.2 NAME  |   |
| <input type="checkbox"/> DELETE |                           | 4.3 STREET ADDRESS                                    |   |
| <input type="checkbox"/> DELETE |                           | 4.4 CITY-ST-ZIP                                       |   |
| <input type="checkbox"/> DELETE |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |                           | 5.2 NAME  |   |
| <input type="checkbox"/> DELETE |                           | 5.3 STREET ADDRESS                                    |   |
| <input type="checkbox"/> DELETE |                           | 5.4 CITY-ST-ZIP                                       |   |
| <input type="checkbox"/> DELETE |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE |                           | 6.2 NAME  |   |
| <input type="checkbox"/> DELETE |                           | 6.3 STREET ADDRESS                                    |   |
| <input type="checkbox"/> DELETE |                           | 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, with all other like empowered.

SIGNATURE: 

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)