


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000065797		
1. Entity Name ANANTHA KRISHNA PILLAI MD PA		
Principal Place of Business 1265 E MAIN ST BARTOW, FL 33830 US	Mailing Address 1265 E MAIN ST BARTOW, FL 33830 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PILLAI, ANANTHA 12702 N. 53RD ST. TAMPA, FL 33617		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILLAI, ANANTHA 12702 N 53 RD ST TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PILLAI, PADMA 12702 N 53RD ST TAMPA, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Anantha Pillai</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/26/06</u> Daytime Phone # _____



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3386286	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000417055
02/13/06-80043-001 150.00