04/28/04 WED 14:57 FAX 516 8297240 P NAGARAJ

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90249 018 ***150.00

DOCUMENT # P96000074443

1. Entity Name
VILAS DESHPANDE, M.D., P.A.

Principal Place of Business	Mailing Address
~~5800 49TH STREET N.~~ 5880 49TH ST N. SUITE 101-N ST PETERSBURG, FL 33709	~~5800 49TH STREET N.~~ 5880 49TH ST N. SUITE 101-N ST PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3399078 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESHPANDE, VILAS
6820 PEBBLE BEACH LANE
SEMINOLE, FL 33777

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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: X _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	DESHPANDE, VILAS
STREET ADDRESS	5800 49TH ST NO STE 202S 5880 49TH ST NORTH
CITY-ST-ZIP	ST PETERSBURG, FL STE 101-N ST PETERSBURG FL.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ April 28, 2004 (727)528-0815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #