

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90010 021 ***550.00

DOCUMENT # P96000084011
Corporation Name

SAMEER MEHTA P.A.

Principal Place of Business

SHORE DRIVE EAST

MI FL 33136 → OLD

NEW ADDRESS
↓

Mailing Address

300 SHORE DRIVE EAST OLD

MIAMI FL 33136

NEW
↓

Principal Place of Business

185. SHORE DRIVE SOUTH

2a. Mailing Address

26 185 SHORE DRIVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

28 MIAMI FL

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0706645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

MEHTA, SAMEER
300 SHORE DRIVE EAST
MIAMI FL 33136

MEHTA, SAMEER
185. SHORE DRIVE SOUTH
MIAMI, FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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

8-28-99

OFFICERS AND DIRECTORS

E	P	<input type="checkbox"/> DELETE
1E	MEHTA, SAMEER	
EET ADDRESS	300 SHORE DR E 185. SHORE DR. SOUTH	
ST-ZIP	MIAMI FL 33133	
E		<input type="checkbox"/> DELETE
E		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
1E		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
1E		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
1E		
EET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SAMEER MEHTA, M.D.

8-28-99

305-285-4171

CR2E034 (5/99)