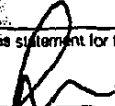
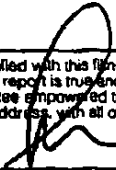


FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 002 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000016515			
1. Entity Name HARSH SHARMA, M.D., INC.			
Principal Place of Business PO BOX 8164 NAPLES, FL 34101		Mailing Address PO BOX 8164 NAPLES, FL 34101	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3425336		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARMA, HARSH 4100 RADIO ROAD, SUITE 139 NAPLES, FL 34104		7. Name and Address of New Registered Agent Name HARSH SHARMA Street Address (P.O. Box Number is Not Acceptable) 2250 NORTH ROAD City NAPLES FL Zip Code 34104	
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  DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHARMA, HARSH 4100 RADIO ROAD, SUITE 139 NAPLES, FL 34104 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HARSH SHARMA ☐ Change ☐ Addition PO BOX 8164 NAPLES FL 34101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date _____ Daytime Phone # _____	

MASTERCARD 5466 3200 1437 6279