

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000037716 (2)**

1. Corporation Name

**PALM BEACH MEDICAL ASSOCIATES, INC.**



Principal Place of Business <b>13005 SOUTHERN BLVD MEDICAL MALL #1, S-134 LOXAHATCHEE FL 33470</b>	Mailing Address <b>13005 SOUTHERN BLVD MEDICAL MALL #1, S-134 LOXAHATCHEE FL 33470</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1997**

4. FEI Number

**65-0747434**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 <b>12983 Southern Blvd.</b> Suite, Apt. #, etc. 22 <b>Build. 4 Ste. 202</b> City & State 23 <b>Loxahatchee FL</b> Zip 24 <b>33470</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>12983 Southern Blvd.</b> Suite, Apt. #, etc. 27 <b>Build. 4 Ste 202</b> City & State 28 <b>Loxahatchee, FL</b> Zip 29 <b>33470</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**TRIPURANENI, KRISHNA MD  
13005 SOUTHERN BLVD MEDICAL MALL #1, S-134  
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>12983 Southern Blvd.</b>
83	<b>Build. 4 Ste. 202</b>
84 City	<b>Loxahatchee</b>
85 Zip Code	<b>FL 33470</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-20-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIPURANENI, KRISHNA MD</b>	1.2 NAME	
STREET ADDRESS	<b>13005 SOUTHERN BLVD MEDICAL MALL #1, S-134</b>	1.3 STREET ADDRESS	<b>12983 Southern Blvd., Build. 4, Ste. 202</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470</b>	1.4 CITY-ST-ZIP	<b>Loxahatchee, FL 33470</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

**TRIPURANENI, KRISHNA MD** 2-20-98 (56) 795-3330

CR2E034 (10/97)