**FILED** 

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90113 012 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT #

1. Corporation	NEN # P9/00	JUD9473			
)					
MOVOE	GARG, M.D., P.A.				
1					
Principal Place	on of Pusiness	Mailing Address			
· .	ce of Business	Mailing Address			
1255F S FLORIDA AVE   ROCKLEDGE FL 32955   ROCKLEDGE FL 32955					
HOOKEEDGE F	-L 32993	NUCKLEUGE PL 32900		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
				07/07/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3476993	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		30	Personal Property Tax.	Yes DMo
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
GAR	RG, MUKUL		o Name		
1255F S FLORIDA AVE			82 Street A	Address (P.O. Box Number is Not Acceptable)	****
ROCKLEDGE FL 32955			83		
			63		
			84 City		85 Zip Code
14 Dumuent	to the province of Continue COZ OF	00		F	
office or r	registered agent, or both, in the State	e of Florida. Such change was aut	thorized by the corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	or changing its registered ointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Size the standard of the stand	and Alle Manualizable (ALEXT)			
	Signature, typed or printed name of registered age		Registered Agent signature rec		AND DIDECTORS IN 12
SIGNATURE  12.  TITLE	OFFICERS A	ent and title if applicable. (NOTE: F ND DIRECTORS	13.	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE		AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AI D GARG, MUKUL M.D.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	OFFICERS AI D GARG, MUKUL M.D. 1255F S FLORIDA AVE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME	OFFICERS AI D GARG, MUKUL M.D.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D GARG, MUKUL M.D. 1255F S FLORIDA AVE	ND DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI D GARG, MUKUL M.D. 1255F S FLORIDA AVE	ND DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI D GARG, MUKUL M.D. 1255F S FLORIDA AVE	ND DIRECTORS  DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME		Change Addition  Change Addition  Change Addition  Change Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI D GARG, MUKUL M.D. 1255F S FLORIDA AVE	ND DIRECTORS  DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

- MUKUL GARG

2-9-49

407.504-3625