


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000084959</b> 1. Entity Name <b>PARWATI MADDALI, M.D., PROFESSIONAL ASSOCIATION</b>	
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Principal Place of Business <b>1018 FLORIDA AVE SUITE C ROCKLEDGE, FL 32955</b>	Mailing Address <b>P.O. BOX 561527 ROCKLEDGE, FL 32956-1527</b>
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3473873</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PALACIOS, FERNANDO M ESQ 525 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000690561 04/11/07-80079-018-150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MADDALI, PARWATI 1018 S FLORIDA AVE, STE C ROCKLEDGE, FL 32955</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** P. Maddali MD **3-29-07** **321-631-4222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #