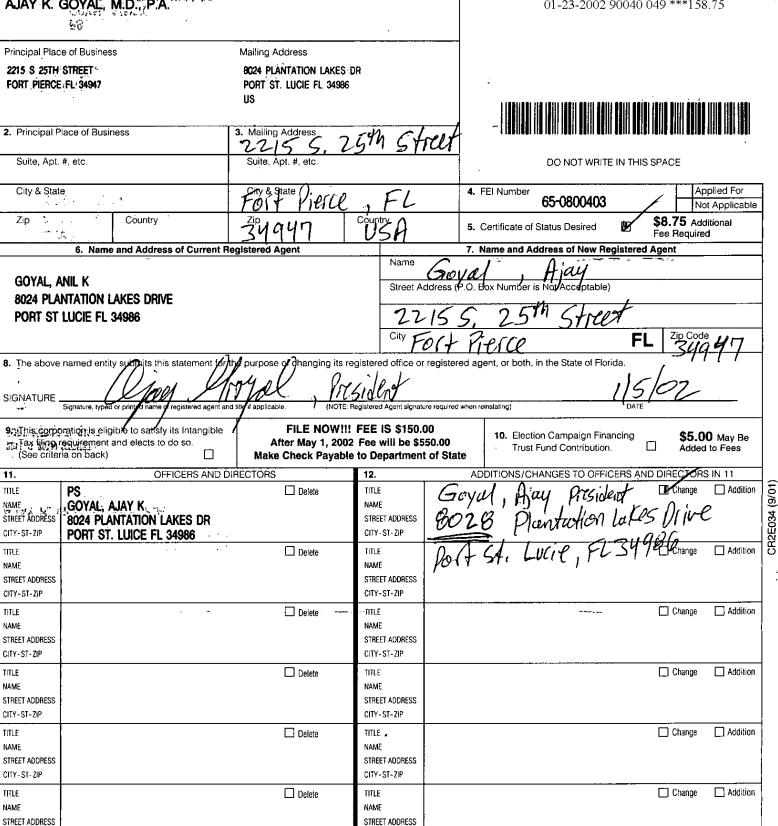
A2 HNIEADM BUGINESS DEDADT (HBD)

2002 UNIFORM BUSINESS REPORT (UBN)	
DOCUMENT # 1. Entity Name AJAY K. GOYAL, M.D.	P97000086032
Principal Place of Business 2215 S 25TH STREET* FORT PIERCE FL: 34947	Mailing Address 8024 PLANTATION LAKES DR PORT ST. LUCIE FL 34986 US
2. Principal Place of Business	3. Mailing Address 25% Stru
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Jan 23, 2002 8:00 am Secretary of State

01-23-2002 90040 049 ***158.75



13. 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AS