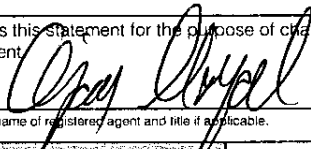
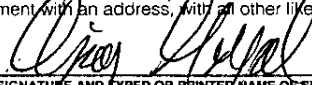


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90048 002 ***158.75

DOCUMENT # P97000086032			
1. Entity Name AJAY K. GOYAL, M.D., P.A.			
Principal Place of Business 2215 S 25TH STREET FORT PIERCE FL 34947		Mailing Address 2215 S. 25TH STREET FORT PIERCE FL 34947 US	
2. Principal Place of Business 2011 South 25th Street		3. Mailing Address 2011 South 25th Street	
Suite, Apt. #, etc. Suite #106		Suite, Apt. #, etc. Suite 106	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34947	Country U.S.A	Zip 34947	Country U.S.A.
6. Name and Address of Current Registered Agent GOYAL, AJAY 2215 S. 25TH STREET FORT PIERCE FL 34947		7. Name and Address of New Registered Agent Name Goyal, Ajay Street Address (P.O. Box Number is Not Acceptable) 2011 South 25th Street, Suite 106 City Fort Pierce FL 34947	
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  Ajay Goyal DATE 3/21/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 GOYAL, AJAY 8028 PLANTATION LAKES DRIVE PORT SAINT LUCIE FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2011 south 25th Street, suite 106 Fort Pierce, FL 34947
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 an other like empowered.			
SIGNATURE:  Ajay Goyal		Date 3/21/04 Daytime Phone # 772-468-7020	