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	Mailing Address
2215 S 25TH STREET FORT PIERCE FL 34947	2215 S. 25TH STREET FORT PIERCE FL 34947 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2011 South 25th Street	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.

4. FEI Number 65-0800403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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 Zip Code: 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: [signature] Ajay Goyal 3/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GOYAL, AJAY		NAME		
STREET ADDRESS	8028 PLANTATION LAKES DRIVE		STREET ADDRESS	2011 South 25th Street, Suite 106	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986		CITY-ST-ZIP	Fort Pierce, FL 34947	
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 all other like empowered.

SIGNATURE: [signature] Ajay Goyal 3/21/04 772-468-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #