

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90008 043 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000036732 V

1. Corporation Name
SIVA-S. GUMMADI, M.D., P.A.



Principal Place of Business	Mailing Address
SAME	
9735 SUMAC ROAD, #102	
DESPLAINES, IL 60016	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9735 SUMAC Rd	26 SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #102	27
City & State	City & State
23 DESPLAINES, IL	28
Zip	Country
24 60016	25 USA
29	30

3. Date Incorporated or Qualified	Applied For
04/22/1998	Not Applicable
4. FEI Number	Applied For
59-3508873	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUMMADI, SIVA S		81 Name	SIVA GUMMADI
4521 SW 44th LANE		82 Street Address (P.O. Box Number is Not Acceptable)	4521 SW 44th LANE
Ocala, FL 34474		83	
		84 City	Ocala, FL
		85 Zip Code	34474

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *Siva Gummadi* DATE: **8/10/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. PRESIDENT OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	SIVA GUMMADI
STREET ADDRESS	9735 SUMAC Rd, #102
CITY-ST-ZIP	DESPLAINES, IL 60016
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY BHARATHI GUMMADI
STREET ADDRESS	9735 SUMAC Rd, #102
CITY-ST-ZIP	DESPLAINES, IL 60016
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Siva Gummadi* **REQUIRED** **8/10/99** **(847) 297-1860**

CR2E034 (5/99)