

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000036732** ✓

1. Corporation Name

SIVA S. GUMMADI, M.D., P.A.

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

09-20-1999 90008 043 ***550.00



Principal Place of Business

Mailing Address

SAME

9735 SUMAC ROAD, #102
DESPLAINES, IL 60016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

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

Zip

Country

24 **60016**

25 **USA**

29

30

4. FEI Number

59-3508873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUMMADI, SIVA S

81 Name

SIVA GUMMADI

82 Street Address (P.O. Box Number is Not Acceptable)

4521 SW 44th LANE

83

84 City

OCALA,

85 FL

Zip Code

34474

4521 SW 44th LANE
OCALA, FL 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

Gummadi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/10/99

12. **PRESIDENT** OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **SIVA GUMMADI**

STREET ADDRESS **9735 SUMAC Rd, #102**

CITY-ST-ZIP **DESPLAINES, IL 60016**

TITLE ☐ DELETE

NAME **SECRETARY**

STREET ADDRESS **SHARATHI GUMMADI**

CITY-ST-ZIP **9735 SUMAC Rd, #102**

CITY-ST-ZIP **DESPLAINES, IL 60016**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: **X**

Gummadi REQUIRED

8/10/99

(847) 297-1860

CR2E034 (5/99)

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