

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037608

Entity Name: C. RAGHAVAN, MD, P.A.

FILED
Feb 20, 2005
Secretary of State

Current Principal Place of Business:

11183 S ORANGE BLOSSOM TRIAL
S ORANGE MEDICAL CENTER, UNIT F
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

11183 S ORANGE BLOSSOM TRIAL
S ORANGE MEDICAL CENTER, UNIT F
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3509125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RAGHAVAN, CHAKRAVARTHY
Address: 11183 S ORANGE BLOSSOM TRIAL, UNIT F
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.RAGHAVAN

MD

02/20/2005

Electronic Signature of Signing Officer or Director

Date