## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039082

Entity Name: JAYDEEP PATEL, MD, P.A.

FILED Feb 16, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14009 ELLESMERE DRIVE 10311 CROSS CREEK BLVD TAMPA, FL 33624

SUITE D

TAMPA, FL 33647

**Current Mailing Address: New Mailing Address:** 

14009 ELLESMERE DRIVE P.O.BOX 48947 TAMPA, FL 33624 TAMPA, FL 33647

FEI Number: 59-3507688 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAYDEEP, PATEL JAYDEEP, PATEL 17932 TIMBER VIEW STREET 14009 ELLESMERE DR TAMPA, FL 33624 TAMPA, FL 33647

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: 02/16/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change ( ) Addition

PATEL, JAYDEEP J MD PATEL, JAYDEEP J MD Name: Name:

14009 ELLESMERE DRIVE Address: 10311 CROSS CREEK BLVD., SUITE D Address:

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33647

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 Statutés. 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: JAYDEEP PATEL **PSDT** 02/16/2004