2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000046216

1. Entity Name

FILED May 01, 2006 08:00 AN Secretary of State

BUCHI REDDY MD, P.A.						
Principal Place of Business 661 EAHAMONTE DRIVE 225 ALTAMONTE SPRINGS, FL 32701	Mailing Address 8019 OLD TOWN DRIVE ORLANDO, FL 32819		1 758 11431 118 1 9 18	DA JOHN AUTH OUGH OUGH	ri Birlin nilit lihre	lidde Blifwel ir rewi
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DO NOT WRITE IN THIS SPA		ACE	4. FEI Number 59-35131	66		Applied For Not Applicable
205	and the second s	2년 <u>- 호텔</u> 교육 145호	5. Certificate of S	Status Desired [5 Additional equired
6. Name and Address of Curre	nt Registered Agent					
REDDY, BUCHI V 8019 OLD TOWN DRIVE ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its regis	tered office or register	red agent, or both, in	n the State of Florida	ı. I am tamilia	with, and accept
SIGNATURE Signature, typed or printed name of registered ag	ent and tile if applicable (NOTE Regi	stered Agent signature required	d when reinstating)	<u> </u>	DATE	<u></u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$55	S. Election Campaign Fi Trust Fund Contribution		.00 May Be led to Fees			
10. OFFICERS AT	ND DIRECTORS		 	·	- ·	

TETE É **PSTD** REDDY, BUCHI V NAME 8019 OLD TOWN DRIVE STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-S1-ZIP MILL NAME STREET ADDRESS CATY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY+ST-ZIP THE NAME STREET ADDRESS

U00000556659 05/17/06-80018-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BUCHI V REDIY