

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
Jul 19, 1999 8:00 am
Secretary of State
07-19-1999 90007 046 ***150.00



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

PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P98000055505

1. Corporation Name
AMITA KAMIREDDY, M.D., P.A.

Principal Place of Business
13005 SOUTHERN BOULEVARD #122
WELLINGTON FL 33470

Mailing Address
13005 SOUTHERN BOULEVARD #122
WELLINGTON FL 33470



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1998

4. FEI Number
650847688

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

2. Principal Place of Business
13005 Southern Blvd
Suite, Apt. #, etc. Suite 122
City & State LOXAHATCHEE
Zip FL Country 33470

2a. Mailing Address
13005 Southern Blvd
Suite, Apt. #, etc. Suite 122
City & State LOXAHATCHEE
Zip FL Country 33470

9. Name and Address of Current Registered Agent
KAMIREDDY, AMITA M.D.
13005 SOUTHERN BOULEVARD #122
WELLINGTON FL 33470

10. Name and Address of New Registered Agent
81 Name KAMIREDDY, AMITA
82 Street Address (P.O. Box Number is Not Acceptable) 13005 Southern Blvd
83 Suite 122
84 City LOXAHATCHEE FL 85 Zip Code 33470

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 DATE 7-4-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSTD KAMIREDDY, AMITA M.D.	1.2 NAME	
STREET ADDRESS	13005 SOUTHERN BOULEVARD #122	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33470	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 DATE 7-4-99 561-793-7300

AMITA KAMIREDDY, M.D.

INTERNAL MEDICINE

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE

590390-90007-46
P98000055505

7-4-99

TO

DIVISION of Corporation

alt

Annual report Filing

PO Box 6327

Tallahassee FL 32314

re

Document NO

P 98000055505

Dear Sir, This is to respectfully dispute the
late filing fee of \$400. I have never
Received the 1st notice you apparently sent out.
This is my first year of incorporation and
am not aware of my obligations yet.
I run a very organized medical office
and can assure you future filings will be
on time. please offer me the
courtesy of waiving the late fee one time.
I am enclosing the fee of 150 \$

Sincerely

Amita Kamireddy MD