


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000068859

1. Entity Name
 RAJ UTTAMCHANDANI, M.D., P.A.



Principal Place of Business 7000 SW 62 AVE SUITE 320 MIAMI, FL 33143	Mailing Address 7000 SW 62 AVE SUITE 320 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0854955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUM, SAMUEL SPENCER
 TIGERTAIL AVENUE
 SUITE 106
 COCONUT GROVE, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTTAMCHANDANI, RAJ M.D. 7000 S.W. 62 AVE., SUITE 320 MIAMI, FL 33145
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 01/19/05-80034-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____