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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90041 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100755

1. Corporation Name

KRISHNAMURTY VELAMAKANNI, M.D., P.H.D., P.A.

Principal Place of Business
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

Mailing Address
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1998

4. FEI Number

65-0887033

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3440 Conway Blvd.

Suite, Apt. #, etc.

22 Suite 3-A

23 City & State
Port Charlotte

Zip

24 33592

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
 NAME Krishnamurty Velamakanni, M.D., Ph.D.
 STREET ADDRESS 3440 Conway Blvd., Ste. 3-A
 CITY-ST-ZIP Port Charlotte, FL 33952

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SIGNATURE:

SIGNATURE REQUIRED

MOORE, JOHN L

3/15/99

(941) 629-7092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)