



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90096 021 ***150.00

DOCUMENT # P99000000412 1. Entity Name MALLESWARI S. VANGARA, M.D., P.A.					
Principal Place of Business 5352 GULF DRIVE NEW PORT RICHEY, FL 34652			Mailing Address 5352 GULF DRIVE NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 5515 GULF DRIVE Suite, Apt. #, etc. SUITE B		3. Mailing Address 5515 GULF DRIVE Suite, Apt. #, etc. SUITE B			
City & State NEW PORT RICHEY		City & State NEW PORT RICHEY		03092006 Chg-P CR2E034 (11/05)	
Zip 34652 Country USA		Zip 34652 Country USA		4. FEI Number 59-3548708	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANGARA, MALLESWARI S M.D. <input type="checkbox"/> Delete 5352 GULF DRIVE NEW PORT RICHEY, FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.					
SIGNATURE: _____ MALLESWARI VANGARA MD. 3/10/06 (727) 843-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					