

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 011 ***150.00

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1. Entity Name
PAUL D. JAYACHANDRA, M.D., P.A.



Principal Place of Business
1680 OSCEOLA ELEM SCHOOL RD
STE A
SAINT AUGUSTINE, FL 32084

Mailing Address
1680 OSCEOLA ELEM SCHOOL RD
STE A
SAINT AUGUSTINE, FL 32084

4002681b



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573936

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAYACHANDRA, PAUL D THE FARAH LAW FIRM, P.A.
1680 OSCEOLA ELEM SCHOOL RD- 8823 SAN JOSE BLVD.
STE A Suite 207
SAINT AUGUSTINE, FL 32084
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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 Jan E. Funch, ESQ.

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

(NOTE: Registered Agent signature required when reinstating)

2/28/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE MDP PSTO
NAME JAYACHANDRA, PAUL D
STREET ADDRESS 1680 OSCEOLA ELEM SCHOOL RD STE A
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06 904.824.7476
Date Daytime Phone #