

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000059377

1. Entity Name
PAVAN ANAND, P.A.



FILED

05 SEP 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
694 GOODLETTE RD
NAPLES, FL 34102

Mailing Address
694 GOODLETTE RD
NAPLES, FL 34102

2. Principal Place of Business
599 9th St N
Suite 210

3. Mailing Address
599 9th St N
Suite 210

05/06/05 90106 010 \$ 50.00
08122005 Chg-P CR2E034 (10/03)

City & State
NAPLES, FL
Zip 34102 Country USA

City & State
NAPLES, FL
Zip 34102 Country USA

4. FEI Number
65-0923321
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ANAND, PAVAN
694 GOODLETTE RD
NAPLES, FL 34102

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ANAND, PAVAN	
STREET ADDRESS	694 GOODLETTE RD	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 687, 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

9/22/5 (239) 435
-1997

Date

Daytime Phone #

September 24, 2005

Re: Pavan Anand., P.A.
Ref. #: P99000059377

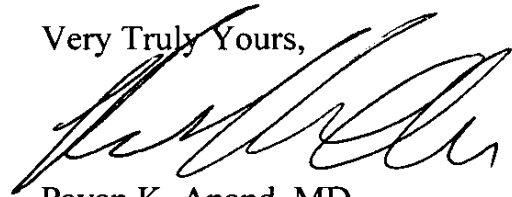
Dear Division of Corporations,

My address (physical and mailing) has changed to 599 9th Street North, Suite 210, Naples, Florida 34102.

I sent my forms with a check before April 1, 2005. I had it returned. I sent a check for \$100 on June 10, 2005. I had not seen the check cashed and called the Division of Corporations. They stated that they sent it back. I respectfully request that my corporation be reinstated in active status. I have enclosed my \$100 check and my 2005 Annual Report signed. I have also updated the address. I have confirmed this information via phone on on September 21, 2005 with the Division of Corporations.

I am fedexing these documents to accelerate the process of reinstating my corporation.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'Pavan K. Anand', written in a cursive style.

Pavan K. Anand, MD