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Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S07859 (9)
1. Corporation Name
SARAIYA MEDICAL CENTER, P.A.

Principal Place of Business 38029 ARBOR RIDGE DR ZEPHYRHILLS FL 33540-8301	Mailing Address 38029 ARBOR RIDGE DR ZEPHYRHILLS FL 33540-8301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o 38135 Market Square Suite, Apt. #, etc.		2a. Mailing Address 25 c/o 38135 Market Square Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/23/1990	
22 City & State 23 Zephyrhills, FL Zip 24 33540 Country 25 U.S.A.		27 City & State 28 Zephyrhills, FL Zip 29 33540 Country 30 USA		4. FEI Number 59-3032094 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SARAIYA, CHANDRESH S.	1.2 NAME	c/o 38135 Market Square
STREET ADDRESS	38029 ARBOR RIDGE DR.	1.3 STREET ADDRESS	Zephyrhills, Florida 33540
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	PST	2.1 TITLE	
NAME	SARAIYA, CHANDRESH, S	2.2 NAME	c/o 38135 Market Square
STREET ADDRESS	38029 ARBOR RIDGE DR.	2.3 STREET ADDRESS	Zephyrhills, Florida 33540
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	900002543409
STREET ADDRESS		5.3 STREET ADDRESS	-06/02/98--01018--001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***450.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6/01/98 CORPORATE DETAIL RECORD SCREEN 3:51 PM
NUM: S07859 ST:FL ACTIVE/FL PROFIT FLD: 10/23/1990
FEI#: 59-3032094
NAME : SARAIYA MEDICAL CENTER, P.A.
PRINCIPAL: C/O 38135 MARKET SQUARE CHANGED: 04/08/98
ADDRESS ZEPHYRHILLS, FL 33540
RA NAME : GASSMAN, ALAN S.
RA ADDR : 1245 COURT STREET ADDR CHG: 05/01/95
SUITE 102
CLEARWATER, FL 34616 US
ANN REP : (1996) A 05/01/96 (1997) B 05/19/97 (1998) AY 04/08/98

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:
6/01/98 OFFICER/DIRECTOR DETAIL SCREEN 3:52 PM
CORP NUMBER: S07859 CORP NAME: SARAIYA MEDICAL CENTER, P.A.
TITLE: D NAME: SARAIYA, CHANDRESH S.
C/O 38135 MARKET SQUARE
ZEPHYRHILLS, FL 33540
TITLE: PST NAME: SARAIYA, CHANDRESH, S
C/O 38135 MARKET SQUARE
ZEPHYRHILLS, FL 33540

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP

ENTER SELECTION AND CR: