
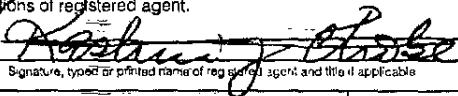
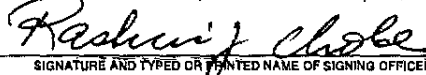


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S68527 1. Entity Name RASHMI J. CHOBE, M.D., P.A.					
Principal Place of Business 833 BUGLE BRANCH WAY JACKSONVILLE, FL 32259			Mailing Address 833 BUGLE BRANCH WAY JACKSONVILLE, FL 32259		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3079763	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHOBE, RASHMI J. 833 BUGLE BRANCH WAY JACKSONVILLE, FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 4-9-05	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 CHOBE, RASHMI J. 833 BUGLE BRANCH WAY JACKSONVILLE, FL 32259			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP			000000300012 04/12/05-80004-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-9-05 Daytime Phone # (904) 318-2802	