

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # V12638

1. Entity Name
A.K. VIJAPURA, M.D., P.A.



Principal Place of Business

1601 WEST REYNOLDS STREET
SUITE 102
PLANT CITY, FL 33563

Mailing Address

1601 WEST REYNOLDS STREET
SUITE 102
PLANT CITY, FL 33563



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3112205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIJAPURA, A.K.
1601 WEST REYNOLDS STREET
SUITE 102
PLANT CITY, FL 33563

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000927615
05/20/08-80114-004 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME VIJAPURA, A.K.
STREET ADDRESS 1601 WEST REYNOLDS ST STE. 102
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 813-754-1496

Date

Daytime Phone #