

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18574 (6)
1. Corporation Name
DWARKA NATH, M.D., P.A.



Principal Place of Business
SUITE 411
411
ST. PETERSBURG FL 33705
US

Mailing Address
SUITE 411
411
ST. PETERSBURG FL 33705
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1201 5th Ave N		26 1201 5th Ave N		03/02/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 411		27 SUITE 411		59-3110679	
City & State		City & State		Applied For	
23 ST PETERSBURG, FL		28 ST PETERSBURG		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33705		29 33705		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Pinellas		30 Pinellas		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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NATH, DWARKA
1201 FIFTH AVENUE NORTH
STE 411
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCFO	1.1 TITLE	
NAME	NATH, DWARKA G	1.2 NAME	
STREET ADDRESS	1201 5TH AVE, NORTH #411	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	TREASURER
NAME		2.2 NAME	ARCELI NATH
STREET ADDRESS		2.3 STREET ADDRESS	1201 5th Ave N # 411
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETERSBURG FL 33705
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	RICHARD YANES
STREET ADDRESS		3.3 STREET ADDRESS	1201 5th Ave N # 411
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33705
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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.

CR2E034 (10/97)