

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90166 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V52127**

1. Corporation Name  
**MANGESH PATEL, M.D., P.A.**



Principal Place of Business 220 W BRANDON BLVD STE 104 BRANDON FL 33511 US	Mailing Address 1026 EMERALD CREEK SUITE 104 VALRICO FL 33594 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/20/1992**

2. Principal Place of Business 21 <b>7871 PALM RIVER RD.</b>	2a. Mailing Address 26 <b>PALM RIVER MED. CENTER</b>
Suite, Apt. #, etc. 22 <b>PALM RIVER MED. CENTER</b>	Suite, Apt. #, etc. 27 <b>7871 PALM RIVER RD.</b>
City & State 23 <b>TAMPA FL</b>	City & State 28 <b>TAMPA FL</b>
Zip 24 <b>33619</b>	Country 25 <b>U.S.A</b>
Country 29 <b>U.S.A</b>	Zip 30 <b>33619</b>

4. FEI Number **59-3201232** Applied For  Not Applicable

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

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**PATEL, MANGESH M.D.**  
**210 WEST BRANDON BLVD.**  
**SUITE 104**  
**BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name **PATEL MANGESH B. MD. PA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**PALM RIVER MEDICAL CENTER**

83 **7871 PALM RIVER ROAD**

84 City **TAMPA** FL 85 Zip Code **33619**

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]* DATE **04-17-99**

Signature, name or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PATEL, MANGESH B</b>
STREET ADDRESS	<b>220 W BRANDON BLVD STE 104</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PATEL MANGESH B.</b>
1.3 STREET ADDRESS	<b>7871 PALM RIVER RD.</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33619</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **04-17-99** DAYTIME PHONE #: **813-740-0646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)