

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V52127

**FILED  
Feb 10, 2004  
Secretary of State**

**Entity Name:** MANGESH PATEL, M.D., P.A.

**Current Principal Place of Business:**

PALM RIVER MED CENTER  
7871 PALM RIVER RD  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

PALM RIVER MED CENTER  
7871 PALM RIVER RD  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 59-3201232      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, MANGESH B MD  
PALM RIVER MEDICAL CENTER  
7871 PALM RIVER ROAD  
TAMPA, FL 33619

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PATEL, MANGESH B  
Address: 7871 PALM RIVER RD  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANGESH B.PATEL

D

02/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date