2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# 581008

Entity Name: KOZHIMALA T. JOHN, M.D., P.A.

Current Principal Place of Business:

1870 FT.KING ROAD
P.O. BOX 1617
ZEPHYRHILLS, FL 33539

New Principal Place of Business:

1870 FT.KING ROAD
6340 FORT KIND RD
ZEPHYRHILLS, FL 33539

Current Mailing Address:

1870 FT.KING ROAD
P.O. BOX 1617
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 59-1829206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN, K.T.
1870 FT.KING ROAD
ZEPHYRHILLS, FL 33541 US

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: P ( ) Delete
Name: JOHN, KOZHIMALA T.
Address: 6340 FORT KIND RD
City-St-Zip: ZEPHYRHILLS, FL

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 exemption stated 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 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: MICHAEL T. BALL MR 05/06/2009
Electronic Signature of Signing Officer or Director Date