

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062279

Entity Name: DR. NEERAJA JASTHI, P.A.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

18043 HIGHWOODS PRESERVE PARKWAY
TAMPA, FL

New Principal Place of Business:

20441 BRUCE B DOWNS BLVD.
TAMPA, FL 33647 US

Current Mailing Address:

18043 HIGHWOODS PRESERVE PARKWAY
TAMPA, FL

New Mailing Address:

20441 BRUCE B DOWNS BLVD.
TAMPA, FL 33647 US

FEI Number: 59-3738773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASTHI, NEERAJA
18312 BANKSTON PLACE
TAMPA, FL 33647 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: PSTD () Delete
Name: JASTHI, NEERAJA
Address: 18043 HIGHWOODS PRESERVE PARKWAY
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: AINPUDI, RAVIKIRON
Address: 18312 BANKSTON PLACE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NEERAJA JASTHI

PSTD

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date