

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023831

FILED
Apr 19, 2008
Secretary of State

Entity Name: HITEN KISNAD, M.D., P.A.

Current Principal Place of Business:

370 15TH AVENUE SOUTH
'C'
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

370 15TH AVENUE SOUTH
'C'
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

PO BOX 51559
JACKSONVILLE BEACH, FL 32240 US

FEI Number: 59-3308189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISNAD, HITEN MD
370 15TH AVENUE SOUTH STE C
JACKSONVILLE BEACH, FL 32250 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: PST () Delete
Name: HITEN KISNAD,
Address: 370 15TH AVENUE SOUTH STE C
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V () Delete
Name: KIBNAP, NEETA
Address: 370 15TH AVE SO
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: KISNAD, NEETA
Address: 370 15TH AVE SOUTH, 'C'
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: HITEN KISNAD,MD

PRT

04/19/2008

Electronic Signature of Signing Officer or Director

Date