

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013627

Entity Name: AMIT I. SHAH, M.D., P.A.

FILED  
Jan 30, 2012  
Secretary of State

**Current Principal Place of Business:**

4420 SUN N LAKE BLVD  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

4420 SUN N LAKE BLVD  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 65-0826332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAH, AMIT I  
4420 SUN N LAKE BOULEVARD  
SEBRING, FL 33872 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAH, AMIT I  
Address: 4420 SUN N LAKE BLVD  
City-St-Zip: SEBRING, FL 33872

Title: ST  
Name: SHAH, PARUL  
Address: 4420 SUN N LAKE BLVD  
City-St-Zip: SEBRING, FL 33872

Title: PD  
Name: AHMED, SYED  
Address: 4420 SUN N LAKE BLVD.  
City-St-Zip: SEBRING, FL 33872

I hereby 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 all other like empowered.

SIGNATURE: AMIT I SHAH

PD

01/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date