

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067976

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: ANNAPOORNA ARUNACHALAM, M.D., P.A.

## Current Principal Place of Business:

3175 SOUTH CONGRESS AVENUE  
SUITE 210  
PALM SPRINGS, FL 33461

## New Principal Place of Business:

## New Mailing Address:

7804 FAIRWAY LANE  
WESTPALM BEACH, FL 33412

## Current Mailing Address:

3175 SOUTH CONGRESS AVENUE  
SUITE 210  
PALM SPRINGS, FL 33461

FEI Number: 65-0937559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARUNACHALAM, ANNAPOORNA  
7804 FAIRWAY LANE  
WEST PALM BEACH, FL 33412 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: D ( ) Delete  
Name: ARUNACHALAM, ANNAPOORNA  
Address: 2925 10TH AVENUE NORTH SUITE 201  
City-St-Zip: LAKE WORTH, FL 33461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: ARUNACHALAM, ANNAPOORNA  
Address: 7804, FAIRWAYLANE  
City-St-Zip: WESTPALM BEACH, FL 33412

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: ANNAPOORNA ARUNACHALAM

DR

01/20/2005

Electronic Signature of Signing Officer or Director

Date