

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067976

**FILED**  
**Jan 12, 2011**  
**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:**

**Current Mailing Address:**

7804 FAIRWAY LANE  
WESTPALM BEACH, FL 33412

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ARUNACHALAM, ANNAPOORNA  
Address: 7804,FAIRWAYLANE  
City-St-Zip: WESTPALM BEACH, FL 33412

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: ANNAPOORNA ARUNACHALAM

DR

01/12/2011

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

\_\_\_\_\_  
Date