

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009569

Entity Name: SHAMAL D. NADKARNI M.D., P.A.

Current Principal Place of Business:

1026 SW 2ND AVE STE D
GAINSVILLE, FL 32601

Current Mailing Address:

1026 SW 2ND AVE STE D
GAINSVILLE, FL 32601

FEI Number: 59-3693233

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NADKARNI, SHAMAL
2904 SW 132ND TERR
ARCHER, FL 32618 US

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

Officer/Director Detail :

Title P
Name NADKARNI, SHAMAL D
Address 1026 SW 2 AVE STE D
City-State-Zip: GAINESVILLE FL 32601

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: SHAMAL D NADKARNI

OWNER

03/26/2016

Electronic Signature of Signing Officer/Director Detail

Date