

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000062279

**Entity Name:** DR. NEERAJA JASTHI, P.A.

**Current Principal Place of Business:**

20441 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647

**Current Mailing Address:**

20441 BRUCE B DOWNS BLVD.  
TAMPA, FL 33647 US

**FEI Number:** 59-3738773

**Certificate of Status Desired:** No

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

JASTHI, NEERAJA  
18312 BANKSTON PLACE  
TAMPA, FL 33647 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	PSTD	Title	S
Name	JASTHI, NEERAJA	Name	AINPUDI, RAVIKIRON
Address	18043 HIGHWOODS PRESERVE PARKWAY	Address	18312 BANKSTON PLACE
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL 33647

*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:** NEERAJA JASTHI

**PRESIDENT**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date