

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000013001

**Entity Name:** RAJNISH MANOHAR DPM PA

**Current Principal Place of Business:**

38192 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**Current Mailing Address:**

38192 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**FEI Number:** 20-0626407

**Certificate of Status Desired:** No

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

MANOHAR, RAJNISH  
38192 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540 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 DR  
Name MANOHAR, RAJNISH  
Address 38192 MEDICAL CENTER AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title PST  
Name MANOHAR, RAJNISH  
Address 38192 MEDICAL CENTER AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

*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:** RAJNISH MANOHAR

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date