

2016 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

OWNER PODIATRIST

04/17/2016

Electronic Signature of Signing Officer/Director Detail

Date