

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113706

Entity Name: KASHYAP PATEL MD PA.**Current Principal Place of Business:**325 CLYDE MORRIS BLVD
340
ORMOND BEACH, FL 32174**Current Mailing Address:**325 CLYDE MORRIS BLVD
340
ORMOND BEACH, FL 32174 US**FEI Number:** 20-1443934**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLERJACK, DAN J
42 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118 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	PATEL, KASHYAP MD
Address	325 CLYDE MORRIS BLVD 340
City-State-Zip:	ORMOND BEACH FL 32174

Title	SECRETARY
Name	PATEL, TEJAL
Address	325 CLYDE MORRIS BLVD 340
City-State-Zip:	ORMOND BEACH FL 32174

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: KASHYAP PATEL**PRESIDENT****03/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date