

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000076880

**Entity Name:** MOHAN L. SHARMA M.D., P.A.

**Current Principal Place of Business:**

229 E RICH AVE  
DELAND, FL 32724

**Current Mailing Address:**

229 E RICH AVE  
DELAND, FL 32724

**FEI Number: 20-4977043**

**Certificate of Status Desired: No**

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

SHARMA, MOHAN L  
1658 STERLING SILVER BLVD  
DELTONA, FL 32725 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,VP  
Name SHARMA, MOHAN L  
Address 1658 STERLING SILVER BLVD  
City-State-Zip: DELTONA FL 32725

Title S,T  
Name SHARMA, KIRAN P  
Address 1658 STERLING SILVER BLVD  
City-State-Zip: DELTONA FL 32725

*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: DR. MOHAN SHARMA**

**OWNER**

**02/25/2014**

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

\_\_\_\_\_  
Date