2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2016
Secretary of State
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Entity Name: SMITA MALHOTRA DPM PA

Current Principal Place of Business:

P O BOX 551380
JACKSONVILLE, FL 32255

Current Mailing Address:

P.O. BOX 551380
JACKSONVILLE, FL 32255-1380

FEI Number: 20-5115040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALHOTRA, SMITA DPM
4213 METRON DR
JACKSONVILLE, FL 32216 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	MALHOTRA, SMITA DPM
Address	P O BOX 551380
City-State-Zip:	JACKSONVILLE FL 32255

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: SMITA MALHOTRA DPM OWNER 04/17/2016

Electronic Signature of Signing Officer/Director Detail — Date