

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105873

**Entity Name:** HIMA MIKKILINENI, M.D., P.A.

**Current Principal Place of Business:**

2111 SW 20TH PLACE  
OCALA, FL 34471

**Current Mailing Address:**

2111 SW 20TH PLACE  
OCALA, FL 34471

**FEI Number:** 45-4098965

**Certificate of Status Desired:** No

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

MIKKILINENI, HIMA M.D.  
2111 SW 20TH PLACE  
OCALA, FL 34471 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 MIKKILINENI, HIMA MD  
Address 2111 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

*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:** HIMA MIKKILINENI

**DIRECTOR**

**01/06/2015**

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

\_\_\_\_\_  
Date