

2014 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

01/04/2014

Electronic Signature of Signing Officer/Director Detail

Date