

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P12000101521

**Entity Name:** ANIKA ALAR, M.D. INC.

**Current Principal Place of Business:**

6900 TURKEY LAKE RD. STE. 1-10  
ORLANDO, FL 32819

**Current Mailing Address:**

6900 TURKEY LAKE RD. STE. 1-10  
ORLANDO, FL 32819 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DP  
Name ALARAKHIA, ANIKA  
Address 6900 TURKEY LAKE RD. STE. 1-10  
City-State-Zip: ORLANDO FL 32819

Title DVPST  
Name BAKKER, SHAWN  
Address 6900 TURKEY LAKE RD. STE. 1-10  
City-State-Zip: ORLANDO FL 32819

*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:** ANIKA ALARAKHIA

**PRESIDENT**

**06/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date