2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023831

Entity Name: HITEN KISNAD, M.D., P.A.

Current Principal Place of Business:

320 1ST STREET NORTH # 614

JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

PO BOX 51559

JACKSONVILLE BEACH, FL 32240 US

FEI Number: 59-3308189 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KISNAD, HITEN MD 320 1ST STREET NORTH #614 JACKSONVILLE BEACH, FL 32250 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

FILED Apr 03, 2013

Secretary of State

CC4026860208

Officer/Director Detail:

Title PST Title VP

Name HITEN KISNAD Name KISNAD, NEETA

Address 320 1ST STREET NORTH, #614 Address 320 1ST STREET NORTH, #614,
City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

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.

PST

Electronic Signature of Signing Officer/Director Detail