

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

Officer/Director Detail :

Title PST
Name HITEN KISNAD
Address 320 1ST STREET NORTH, #614
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name KISNAD, NEETA
Address 320 1ST STREET NORTH, #614,
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.

SIGNATURE: HITEN KISNAD MD

PST

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date