

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000023831

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

**Current Principal Place of Business:**

320 1ST STREET NORTH  
SUITE # 614  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

320 1ST STREET NORTH  
SUITE # 614  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number: 59-3308189**

**Certificate of Status Desired: Yes**

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

KISNAD, HITEN MD  
320 1ST STREET NORTH  
SUITE # 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**

**01/31/2014**

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

\_\_\_\_\_  
Date