

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067976

**Entity Name:** ANNAPOORNA ARUNACHALAM, M.D., P.A.

**Current Principal Place of Business:**

3175 SOUTH CONGRESS AVENUE  
SUITE 210  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

7804 FAIRWAY LANE  
WESTPALM BEACH, FL 33412

**FEI Number:** 65-0937559

**Certificate of Status Desired:** No

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

ARUNACHALAM, ANNAPOORNA  
7804 FAIRWAY LANE  
WEST PALM BEACH, FL 33412 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 DR  
Name ARUNACHALAM, ANNAPOORNA  
Address 7804,FAIRWAYLANE  
City-State-Zip: WESTPALM BEACH FL 33412

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:** ANNAPOORNA ARUNACHALAM

**DIRECTOR**

**01/10/2015**

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

\_\_\_\_\_  
Date