

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V12638

**Entity Name:** A.K. VIJAPURA, M.D., P.A.

**Current Principal Place of Business:**

802 W DR MLK JR BLVD  
SUIT D  
PLANT CITY, FL 33563

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**8118613156CC**

**Current Mailing Address:**

1209 E CUMBERLAND AVE  
UNIT # 2802  
TAMPA, FL 33602 US

**FEI Number: 59-3112205**

**Certificate of Status Desired: No**

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

VIJAPURA, A.K.  
1209 E CUMBERLAND AVE  
UNIT # 2802  
TAMPA, FL 33602 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            PRESIDENT  
Name            VIJAPURA, ASHIT K  
Address        1209 E CUMBERLAND AVE  
                  UNIT # 2802  
City-State-Zip: TAMPA FL 33602

Title            EXECUTIVE SECRETARY  
Name            VIJAPURA, MINAXI  
Address        1209 E CUMBERLAND AVE  
                  UNIT # 2802  
City-State-Zip: TAMPA FL 33602

*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: ASHIT VIJAPURA**

**PRESIDENT**

**03/15/2021**

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

\_\_\_\_\_  
Date