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. 08/20/2013

SIGNATURE: A K VIJAPURA

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V12638

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

Current Principal Place of Business:

107 N ALEXANDER ST PLANT CITY, FL 33563

Current Mailing Address:

107 N ALEXANDER ST PLANT CITY, FL 33563

FEI Number: 59-3112205

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VIJAPURA, A.K. 107 N ALEXANDER ST PLANT CITY, FL 33563 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:

Officer/Director Detail : Title MDPA Title VP VIJAPURA, A.K. Name VIJAPURA, C A Name Address 107 N ALEXANDER ST Address 107 N ALEXANDER ST City-State-Zip: PLANT CITY FL 33563 PLANT CITY FL 33563 City-State-Zip: Title SECRETARY VIJAPURA, C K Name Address 107 N ALEXANDER ST City-State-Zip: PLANT CITY FL 33563

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

Certificate of Status Desired: No

FILED Aug 20, 2013 Secretary of State CC7386504350

Date

Date

MDPA