

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 476956

FILED
Jan 12, 2011
Secretary of State

Entity Name: BADRI N. MEHROTRA, M.D., P.A.

Current Principal Place of Business:

301 HEALTH PARK BLVD #219
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

301 HEALTH PARK BLVD #216
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

301 HEALTH PARK BLVD #219
SAINT AUGUSTINE, FL 32086

New Mailing Address:

301 HEALTH PARK BLVD #216
SAINT AUGUSTINE, FL 32086 US

FEI Number: 59-1589303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEHROTRA, BADRI N
301 HEALTH PARK BLVD
SUITE 219
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

MEHROTRA, BADRI N
301 HEALTH PARK BLVD
SUITE 216
SAINT AUGUSTINE, FL 32086 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

01/12/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MEHROTRA, BADRI N
Address: 301 HEALTH PARK BLVD., #216
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: D
Name: MEHROTRA, PUSHPA L
Address: 301 HEALTH PARK BLVD., #216
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

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: BADRI N MEHROTRA

P

01/12/2011

Electronic Signature of Signing Officer or Director

Date