2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# 507142

Entity Name: SARAVANA RAJAN, M.D., F.R.C.P. (CANADA) & ASSOCIATES, P.A.

Current Principal Place of Business:

548 BARTON BLVD.
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

2398 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952

New Mailing Address:

548 BARTON BLVD.
ROCKLEDGE, FL 32955 US

FEI Number: 59-1674534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAJAN, SARAVANA
2483 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL US

Name and Address of New Registered Agent:

SASI, KUMAR
548 BARTON BLVD
ROCKLEDGE, FL 32955 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: SASI KUMAR MD 03/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAJAN, SARAVANA
Address: 2398 NEWFOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND FL,

Title: D ( ) Delete
Name: RAJAN, SATHI S
Address: 2398 NEWFOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND FL,

Title: V (X) Delete
Name: KUMAR, SASI
Address: 548 BARTON BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: KARIM, ABDUL
Address: 548 BARTON BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KUMAR, SASI
Address: 548 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: TR (X) Change ( ) Addition
Name: KARIM, ABDUL
Address: 548 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ABDUL KARIM MD TRE 03/08/2009
Electronic Signature of Signing Officer or Director Date