

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603393

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** DR. A. JAI PRAKASH, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

214 NORTH SPRING GARDEN AVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

214 NORTH SPRING GARDEN AVE  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-1388124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRAKASH, JAI A  
674 KAREN COURT  
ALTAMONTE SPRINGS, FL 32701 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PRAKASH, JAI A  
Address: 674 KAREN COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: A JAI PRAKASH

PRES

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date