

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638503

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** B.S. BEDI, M.D., P.A.

**Current Principal Place of Business:**

6151 FT. KING RD.  
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

**Current Mailing Address:**

6151 FT. KING ROAD  
ZEPHYRHILLS, FL 33542 US

**New Mailing Address:**

FEI Number: 59-1943168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINES, JAMES P.  
315 HYDE PARK AVENUE  
TAMPA, FL 33606 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: BEDI, B.S., M.D.  
Address: 6151 FT. KING RD.  
City-St-Zip: ZEPHYRHILLS, FL 33542

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: BBHUPINDER S BEDI

PD

01/09/2012

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

\_\_\_\_\_  
Date