

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000667

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SAMEER K. GOYAL, M.D., P.A.

**Current Principal Place of Business:**

5590 NW 61 ST STREET UNIT # 818  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5590 NW 61 ST STREET UNIT # 818  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 74-3183497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUTCHESS, CARL  
10938 BAL HARBOR DRIVE  
BOCA RATON, FL 33498 US

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

TAMMY, SCHMIDT  
400 SOUTH DIXIE HIGHWAY  
423  
BOCA RATON, FL 33432 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:** TAMMY SCHMIDT

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GOYAL, SAMEER K  
**Address:** 5590 NW 61ST STREET APT #818  
**City-St-Zip:** COCONUT CREEK, FL 33073

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:** SAMEER GOYAL

PD

04/27/2011

Electronic Signature of Signing Officer or Director

Date