# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2009**
**Secretary of State**

DOCUMENT# F45710

**Entity Name:** DIPAKKUMAR M. UPADHYAYA, M.D., P.A.

**Current Principal Place of Business:**

6801 US 27 N STE A-1
PO BOX 1923
SEBRING, FL 33870

**New Principal Place of Business:**

6801 US 27 N STE A-1
SEBRING, FL 33870

**Current Mailing Address:**

6801 US 27 N STE A-1
PO BOX 1923
SEBRING, FL 338711923 US

**New Mailing Address:**

6801 US 27 N STE A-1
SEBRING, FL 338711923 US

**FEI Number: 59-2115983** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCCOLLUM, JAMES F
129 SOUTH COMMERCE
SEBRING, FL 33870 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: UPADHYAYA, D M
Address: 6801 US 27 N., STE. A-1
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: UPADHYAYA, P D
Address: 6801 US 27 N., STE. A-1
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: UPADHYAYA, CHERRAG
Address: 6801 US 27 N., STE. A-1
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: UPADHYAYA, MINAXI
Address: 6801 US 27 N., STE. A-1
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: D. M. UPADHYAYA DR 03/08/2009

Electronic Signature of Signing Officer or Director — Date