2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91152

Entity Name: V. RAO EMANDI, M.D., P.A.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13904 LAKESHORE BLVD. **SUITE #410** HUDSON, FL 34667 **New Mailing Address: Current Mailing Address:** 13904 LAKESHORE BLVD. SUITE #410 HUDSON, FL 34667 FEI Number: 59-2203138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EMANDI, VRAO 13904 LÁKESHORE BLVD #410 HUDSON, FL 346674810 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition EMANDI, V RAO EMANDI, V RAO Name: Name: 13904 LAKESHORE BLV #410 13904 LAKESHORE BLV #410 Address: Address: City-St-Zip: HUDSON, FL City-St-Zip: HUDSON, FL

Title: D () Delete Title: () Change () Addition

 Name:
 EMANDI, SANJAY K
 Name:

 Address:
 5723 WESTSHORE DRIVE
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 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: V RAO EMANDI PST 04/28/2009