2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30682

FILED Jan 14, 2009 Secretary of State

Entity Name: RAJIV DHINGRA & RATNA DHINGRA, M.D.'S, P.A

Entity Nar	Ne: RAJIV DE	IINGRA & RATNA DHINGRA,	, M.D.'S, P	.A.		
Current Principal Place of Business:				New Principal Place of Business:		
5622 MAR	' DHINGRA INE PARKWA' IT RICHEY, FL					
Current Mailing Address:				New Mailing Address:		
C/O RAJIV DHINGRA 5622 MARINE PARKWAY SUITE # 7 NEW PORT RICHEY, FL 34652				C/O RAJIV DHINGRA 5622 MARINE PARKWAY SUITE# 7 NEW PORT RICHEY, FL 34652		
FEI Number:	59-2261825	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	, RAJIV INE PARKWA` IT RICHEY, FL					
	named entity s e of Florida.	submits this statement for the	purpose of	changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:					
	Electron	ic Signature of Registered Ag	jent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DHINGRA, RÀJ 5622 MARINE F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DHINGRA, RAT 5622 MARINE F			Title: Name: Address: City-St-Zip:	() Change() Addition	

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: RAJIV DHINGRA MD 01/14/2009