2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# G53550

Entity Name: P. CHOCKALINGAM, M.D., P.A.

Current Principal Place of Business:

3591 S. HIGHLANDS AVENUE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3591 S. HIGHLANDS AVENUE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-2316052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, FLETCHER
124 NORTH BREVARD
ARCADIA, FL 33821 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: PST
Name: CHOCKALINGAM, P.
Address: 3591 S. HIGHLANDS AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: DR
Name: CHOCKALINGAM, P.
Address: 3591 S. HIGHLANDS AVENUE
City-St-Zip: SEBRING, FL 33870 US

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: PCHOCKALINGAM PRES 03/29/2011

Electronic Signature of Signing Officer or Director Date