

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53550

FILED  
Jan 21, 2012  
Secretary of State

**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

01/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date