2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005
Secretary of State

DOCUMENT# H10980

Entity Name: PUSHPA NIRMUL, M.D., P.A.

Current Principal Place of Business:

% PUSHPA NIRMUL
122 S. MOON AVE
BRANDON, FL 33511

New Principal Place of Business:

122 S.MOON AVE
BRANDON, FL 33511

Current Mailing Address:

% PUSHPA NIRMUL
122 S. MOON AVE
BRANDON, FL 33511

New Mailing Address:

122 S.MOON AVE
BRANDON, FL 33511

FEI Number: 59-2211738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIRMUL, PUSHPA
122 S. MOON AVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

NIRMUL, PUSHPA,P,MD PA
122 S. MOON AVE
BRANDON, FL 33511 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: PUSHPA P NIRMUL 07/18/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NIRMUL, PUSHPA, M.D.,
Address: 122 S. MOON AVE
City-St-Zip: BRANDON, FL

Title: S ( ) Delete
Name: NIRMUL, SHAWN M.
Address: 122 S. MOON AVENUE
City-St-Zip: BRANDON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NIRMUL, PUSHPA P
Address: 122 S. MOON AVE
City-St-Zip: BRANDON, FL 33511

Title: S (X) Change ( ) Addition
Name: NIRMUL, SHAWN M
Address: 122 S. MOON AVENUE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHAWN M NIRMUL S 07/18/2005
Electronic Signature of Signing Officer or Director Date