2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# H19577

Entity Name: PANDYA & NIME, M.D., P.A.

Current Principal Place of Business:

PATHOLOGY LAB
110 LONGWOOD AVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

480 SAIL LANE
APT #701
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-2453855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANDYA, SUMANT, M.D.
515 W. MERRITT AVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

PANDYA, SUMANT, M.D.
480 SAIL LANE
APT.#701
MERRITT ISLAND, FL 32953 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: SUMANT J.PANDYA 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PANDYA, SUMANT M.D.
Address: 480 SAIL LANE, APT #701
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD ( ) Delete
Name: NIME, FREDA, M.D.
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKEDGE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: NIME, FREDA, M.D.
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKEDGE, FL 32955

Title: SC ( ) Change (X) Addition
Name: BELL,JULIE,MD
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955

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: SUMANT J.PANDYA,MD PD 03/23/2009
Electronic Signature of Signing Officer or Director Date