

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19577

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

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

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

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

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: SUMANTJ.PANDYA

PRES

03/08/2012

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

\_\_\_\_\_ Date