

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11914

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** UDITA JAHAGIRDAR, M.D., P.A.

**Current Principal Place of Business:**

319 NORTH MANGOUSTINE AVE.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

319 NORTH MANGOUSTINE AVE.  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-2666287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAHAGIRDAR, UDITA  
319 NORTH MANGOUSTINE AVE.  
SANFORD, FL 32771 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: DP  
Name: JAHAGIRDAR, UDITA  
Address: 319 N MANGOUSTINE AVE  
City-St-Zip: SANFORD, FL 32771

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: UDITA JAHAGIRDAR M.D.

PRES

01/10/2011

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

\_\_\_\_\_ Date