


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J19141</b> 1. Entity Name PUSHPA MEHROTRA, M.D., P.A.	
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Principal Place of Business 10329 DEERWOOD CLUB RD JACKSONVILLE, FL 32256	Mailing Address 10329 DEERWOOD CLUB RD JACKSONVILLE, FL 32256
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2671159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MEHROTRA, PUSHPA 629 LOMAX ST JACKSONVILLE, FL 32204
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000603995  
01/29/07-80035-020 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEHROTRA, PUSHPA 10329 DEERWOOD CLUB ROAD JACKSONVILLE, FL 32256
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*PusHPA MEHROTRA*, PUSHPA L MEHROTRA M.D. 01-19-07 604-641-1188