## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J19633

Entity Name: SURESH DESAI, M.D., P.A.

FILED Mar 24, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

570 MEMORIAL CIR 570 MEMORIAL CIR

P.O. BOX 4214 ORMOND BCH., FL 321745056

ORMOND BCH., FL 321745056

Current Mailing Address: New Mailing Address:

570 MEMORIAL CIR P.O. BOX 4214

ORMOND BCH., FL 321745056

FEI Number: 59-2699211 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ABRAHAM, ROBERT

149 S RIDGEWOOD AVE.
STE. 500

DAYTONA BCH., FL 32114 US

ABRAHAM, ROBERT

220 S RIDGEWOOD AVE.
STE. 200

DAYTONA BCH., FL 32114 US

DAYTONA BCH., FL 32114 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: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DESAI, SURESH,
 Name:

 Address:
 570 MEMORIAL CIR
 Address:

 City-St-Zip:
 ORMOND BCH., FL
 City-St-Zip:

Title: PST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DESAI, SURESH,
 Name:

 Address:
 570 MEMORIAL CIR
 Address:

 City-St-Zip:
 ORMOND BCH., FL
 City-St-Zip:

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: SURESH DESAI PRES 03/24/2009