

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56080

FILED
Apr 26, 2006
Secretary of State

Entity Name: MAKHNI CARDIOLOGY & MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

1700 SE HILLMOOR DRIVE
SUITE 307
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1700 SE HILLMOOR DRIVE
SUITE 307
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-2765553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKHNI, MALVINDER
1700 HILLMOOR DRIVE
SUITE 307
PORT ST LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAKHNI, MALVINDER,
Address: 1700 SE HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: MAKHNI, PARVEEN,
Address: 1700 SE HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MALVINDER MAKHNI

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date