

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J70813

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** B.K. NAIR, M.D., P.A.

**Current Principal Place of Business:**

22110 KIMBLE AVE  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

21216 OLEAN BLVD #2  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

P O BOX 494530  
PORT CHARLOTTE, FL 33949 US

**New Mailing Address:**

**FEI Number:** 59-2795593      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NAIR, B.K. MD  
22110 KIMBLE AVENUE  
PORT CHARLOTTE, FL 33952 US

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

NAIR, B.K. MD  
21216 OLEAN BLVD #2  
PORT CHARLOTTE, FL 33952 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: B.K.NAIR

01/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: NAIR, B.K. MD  
Address: 21216 OLEAN BLVD #2  
City-St-Zip: PORT CHARLOTTE, FL 33949 US

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: B.K.NAIR

PST

01/10/2010

Electronic Signature of Signing Officer or Director

Date