

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J83564

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** HYGEIA MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

% SUSHIL K. ASTHANA  
1005 W COLLEGE BLVD  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

% SUSHIL K. ASTHANA  
1005 W COLLEGE BLVD  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-2830083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASTHANA, SUSHIL K.  
1005 W COLLEGE BLVD  
NICEVILLE, FL 32578 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:** PRES  
**Name:** ASTHANA, SUSHIL K.  
**Address:** 1005 W COLLEGE BLVD  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** S  
**Name:** ASTHANA, VIRGINIA A.  
**Address:** 1005 W COLLEGE BLVD  
**City-St-Zip:** NICEVILLE, FL 32578 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:** SUSHIL K. ASTHANA

PRES

03/28/2011

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

\_\_\_\_\_  
Date