

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95252

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: PANITDA TOOCHINDA, M.D., P.A.

**Current Principal Place of Business:**

264 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

264 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

855 EAST SANDPIPER STREET  
APOPKA, FL 32712

FEI Number: 59-2875251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TOOCHINDA, PANITDA  
264 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 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: PS ( ) Delete  
Name: TOOCHINDA, PANITDA,  
Address: 264 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPGS., FL 32714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PANITDA TOOCHINDA

PS

01/31/2009

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

\_\_\_\_\_  
Date