

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06915

FILED
Feb 02, 2009
Secretary of State

Entity Name: BEVERLY HILLS MEDICAL PARK, INC.

Current Principal Place of Business:

BOX 640076
BEVERLY HILLS, FL 344647076

New Principal Place of Business:

Current Mailing Address:

BOX 640076
BEVERLY HILLS, FL 344647076

New Mailing Address:

FEI Number: 59-2964964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANKER, SOL
3323 E. SILVER SPRINGS BLVD
CHALSEA SQUARE
OCALA, FL 34470 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: VD () Delete
Name: REDDY, VENNAOPALA A
Address: 3400 N. LECANTO HWY SUITE A
City-St-Zip: BEVERLY HILLS, FL 34465

Title: PTD () Delete
Name: ANKER, SOL
Address: 3323 E. SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL

Title: SD () Delete
Name: KUMAR, MARIANANDA P
Address: 3400 N. LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34464

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: REDDY, VENUGOPALA A
Address: 3400 N. LECANTO HWY SUITE A
City-St-Zip: BEVERLY HILLS, FL 34465

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 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: VENUGOPALA A. REDDY

VD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date