

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32926

FILED
Jul 12, 2007
Secretary of State

Entity Name: NIRMALA KONDA, M.D., P.A.

Current Principal Place of Business:

% NIRMALA KONDA M D,P.A
7543 MEDICAL DR.
HUDSON, FL 34667 US

New Principal Place of Business:

7543 MEDICAL DR.
HUDSON, FL 34667 US

Current Mailing Address:

% NIRMALA KONDA M D,P.A
7543 MEDICAL DR.
HUDSON, FL 34667 US

New Mailing Address:

7543 MEDICAL DR.
HUDSON, FL 34667 US

FEI Number: 59-2985623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER LANE
5303 LOCUST PLACE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

KONDA, NIRMALA A
7543 MEDICAL DR.
HUDSON, FL 34667 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: NIRMALA KONDA

07/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KONDA, NIRMALA A PSTD
Address: 7543 MEDICAL DR.
City-St-Zip: HUDSON, FL 34667

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: NIRMALA KONDA

PSTD

07/12/2007

Electronic Signature of Signing Officer or Director

Date