## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66777

Entity Name: GOVINDAN P. NAIR M.D., P.A.

FILED Jul 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4820 5TH AVENUE NORTH ST. PETERSBURG, FL 33713

Current Mailing Address: New Mailing Address:

4820 5TH AVENUE NORTH ST. PETERSBURG, FL 33713

FEI Number: 59-2974347 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NAIR, GOVIND P., M.D.

4820 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713 US

NAIR, GOVINDAN
4820 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713 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: GOVINDAN NAIR 07/01/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PSTD (X) Change ( ) Addition

 Name:
 NAIR, GOVIND P.
 Name:
 NAIR, GOVINDAN

 Address:
 4820 5TH AVE N
 Address:
 4820 5TH AVE N

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713

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: GOVINDAN NAIR PSTD 07/01/2009

Electronic Signature of Signing Officer or Director

Date