

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019182

Entity Name: VINOD K. MALIK, M.D., P.A.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

53 N. OLK KINGS RD  
STE C  
ORMOND BEACH, FL 32174

## Current Mailing Address:

53 NORTH OLD KINGS ROAD  
STE C  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

1671 N CLYDE MORRIS BLVD  
SUITE 100  
DAYTONA BEACH, FL 32117

## New Mailing Address:

1671 N CLYDE MORRIS BLVD  
SUITE 100  
DAYTONA BEACH, FL 32117

FEI Number: 65-0984849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

MALIK, VINOD K MD  
1671 N CLYDE MORRIS BLVD  
SUITE 100  
DAYTONA BEACH, FL 32117 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: VINOD MALIK, M.D.

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MALIK, VINOD K  
Address: 2836 ENTERPRISE ROAD, STE. 1  
City-St-Zip: DEBARY, FL 32713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MALIK, VINOD K  
Address: 1671 N CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VINOD MALIK

MD

04/26/2005

Electronic Signature of Signing Officer or Director

Date