

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028674

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: GOPAL TATAMBHOTLA, M.D., P.A.

**Current Principal Place of Business:**

534, NORTH LECANTO HWAY  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 700  
LECANTO, FL 344600700

**New Mailing Address:**

FEI Number: 59-3631045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TATAMBHOTLA, GOPAL  
2280, NORTH OVERLOOK PATH  
HERNADO, FL 34442 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: DP ( ) Delete  
Name: TATAMBHOTLA, GOPAL  
Address: 2280, NORTH OVERLOOK PATH  
City-St-Zip: HERNANDO, FL 34442

**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: GOPAL TATAMBHOTLA

MD

03/25/2009

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

\_\_\_\_\_  
Date