

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021877

FILED
Apr 24, 2005
Secretary of State

Entity Name: JANIKAMMA KOTHALANKA, M.D., P.A.

Current Principal Place of Business:

107 NE 19TH DR
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

107 NE 19TH DR
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 65-1061426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOTHALANKA, JANIKAMMA
107 N.E. 19TH DRIVE
STE 115
OKEECHOBEE, FL 34972 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: PD () Delete
Name: KOTHALANKA, JANIKAMMA
Address: 107 NE 19TH DR
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: KOTHALANKA, JANIKAMMA
Address: 107 NE 19TH DR
City-St-Zip: OKEECHOBEE, FL 34972

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: KOTHALANKA JANIKAMMA

MD

04/24/2005

Electronic Signature of Signing Officer or Director

Date