

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078368

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** BABITA JHA SETHI, M.D., P.A.

**Current Principal Place of Business:**

5210 NW 109TH PLACE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

5210 NW 109TH PLACE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 65-1128359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SETHI, BABITA J M.D.  
5210 NW 109TH LANE  
CORAL SPRINGS, FL 33076 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SETHI, BABITA JHA MD  
Address: 5210 NW 109TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: BABITA SETHI

PRES

02/28/2011

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

\_\_\_\_\_  
Date