

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057928

FILED
Jan 14, 2009
Secretary of State

Entity Name: MURALI M. ANGIREKULA, M.D., P.A.

Current Principal Place of Business:

4065 N LECANTO HWY
100
BEVERLY HILLS, FL 34665

New Principal Place of Business:

Current Mailing Address:

PO BOX 641506
BEVERLY HILLS, FL 34464

New Mailing Address:

FEI Number: 02-0602865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGIREKULA, MURALI M.D.
1677 N. DEMAGGIO PATH
HERNANDO, 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: D () Delete
Name: ANGIREKULA, MURALI M DR
Address: PO BOX 641506
City-St-Zip: BEVERLY HILLS, FL 34464

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: MURALI ANGIREKULA

MD

01/14/2009

Electronic Signature of Signing Officer or Director

Date