

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090730

Entity Name: MONICA K. BEDI, M.D., P.A.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

3830 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3830 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

New Mailing Address:

P.O. BOX 25487
SARASOTA, FL 34277

FEI Number: 46-0494983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDI, MONICA K M.D.
706 RIVIERA DUNES WAY
PALMETTO, FL 34221 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: P () Delete
Name: BEDI, MONICA K M.D.
Address: 706 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221

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 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: MONICA K BEDI, M.D.

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date