

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090730

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

FILED  
Apr 17, 2012  
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:**

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.  
1739 HYDE PARK STREET  
SARASOTA, FL 34239 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: BEDI, MONICA K M.D.  
Address: 1739 HYDE PARK STREET  
City-St-Zip: SARASOTA, FL 34239

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: MONICA K. BEDI

P

04/17/2012

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

\_\_\_\_\_ Date