2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P02000122214

Entity Name: ATULKUMAR KSHATRI, M.D., P.A.

Current Principal Place of Business:

2323 NINTH AVE N
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 8370
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 51-0435739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RILEY, STEVEN P
4805 W. LAUREL STREET
SUITE 230
TAMPA, FL 33607 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: PSD ( ) Delete
Name: KSHATRI, ATULKUMAR
Address: 2323 NINTH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC ( ) Change (X) Addition
Name: KSHATRI, SURBHI
Address: 10006 BOTANICA DR
City-St-Zip: SEMINOLE, FL 33778

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: ATUL KSHATRI PSD 01/08/2008

Electronic Signature of Signing Officer or Director — Date