

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122214

FILED  
Jan 06, 2009  
Secretary of State

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: SEC ( ) Delete  
Name: KSHATRI, SURBHI  
Address: 10006 BOTANICA DR  
City-St-Zip: SEMINOLE, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ATULKUMAR KSHATRI

PSD

01/06/2009

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

\_\_\_\_\_  
Date