

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093742

Entity Name: VIPUL JOSHI, M.D., P.A.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

515 MEDICAL OAKS AVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1192
BRANDON, FL 335091192 US

New Mailing Address:

FEI Number: 02-0703708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSHI, NINA
763 MAINSAIL DRIVE
TAMPA, FL 33602 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: PRES () Delete
Name: JOSHI, VIPUL M PRES
Address: 515 MEDICAL OAKS AVE
City-St-Zip: BRANDON, FL 33511

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JOSHI, VIPUL M
Address: 515 MEDICAL OAKS AVENUE
City-St-Zip: BRANDON, FL 33511

Title: VP () Change (X) Addition
Name: JOSHI, NINA
Address: 515 MEDICAL OAKS AVENUE
City-St-Zip: BRANDON, FL 33511

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: VIPUL M JOSHI

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date