

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040357

FILED
Jan 13, 2009
Secretary of State

Entity Name: LEELA R BOLLA MD MEDICAL ASSOCIATES PA

Current Principal Place of Business:

GULFCOAST MEDICAL ARTS CENTER
1890 SW HEALTH PKWY, STE 1C
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

GULFCOAST MEDICAL ARTS CENTER
1890 SW HEALTH PKWY, STE 1C
NAPLES, FL 34109

New Mailing Address:

FEI Number: 34-1982977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLA, LEELA R
5995 10TH AVE SW
NAPLES, FL 34116 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: D () Delete
Name: BOLLA, LEELA R
Address: 5995 10TH AVE SW
City-St-Zip: NAPLES, FL 34116

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 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: DR LEELA R BOLLA

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date