# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2011**
**Secretary of State**

DOCUMENT# P04000040357

**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 NAPA WOODS WAY
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

**OFFICERS AND DIRECTORS:**

Title: D
Name: BOLLA, LEELA R
Address: 5995 NAPA WOODS WAY
City-St-Zip: NAPLES, FL 34116

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: LEELA R BOLLA D 04/21/2011
Electronic Signature of Signing Officer or Director Date