

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052798

Entity Name: SEVAMED INSTITUTE, P.A.

FILED
Mar 30, 2011
Secretary of State

Current Principal Place of Business:

19105 US HIGHWAY 41N, SUITE 100
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1820
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-1236468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAXENA, SHILPA P MD
19105 US HIGHWAY 41N, SUITE 100
LUTZ, FL 33549 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: SAXENA, SHILPA P MD
Address: P.O. BOX 1820
City-St-Zip: LUTZ, FL 33548

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: SHILPA SAXENA

DR.

03/30/2011

Electronic Signature of Signing Officer or Director

Date