2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# P04000089491

Entity Name: KEERTINI KUMAR, M.D., P.A.

Current Principal Place of Business:

1124 NE 4TH STREET
OCALA, FL 34470

New Principal Place of Business:

9401 SW HWY 200 STE 702
OCALA, FL 344781

Current Mailing Address:

PO BOX 577
OCALA, FL 34478

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUMAR, KEERTINI M.D.
1124 NE 4TH STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

KUMAR, KEERTINI M.D.
9401 SW HWY 200
STE 702
OCALA, FL 34481 US

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: KK 02/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEERTINI, KUMAR MD
Address: 1124 NE 4TH STREET
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KEERTINI, KUMAR MD
Address: 9401 SW HWY 200 STE 702
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the 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: KK MD 02/12/2007
Electronic Signature of Signing Officer or Director Date