

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089491

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

8618 SW 103RD ST RD
OCALA, FL 34481

New Principal Place of Business:

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.
8618 SW 103RD ST RD
OCALA, FL 34481 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: KEERTINI, KUMAR MD
Address: 5029 SE 5TH AVE
City-St-Zip: OCALA, FL 34480

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: KK

MD

02/08/2012

Electronic Signature of Signing Officer or Director

Date