

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000103628

Entity Name: BALDEV SINGH, M.D., P.A.

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2400 N. UNIVERSITY DR.  
215  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2400 N. UNIVERSITY DR.  
215  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 20-1407681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGH, BALDEV  
2400 N. UNIVERSITY DR.  
215  
PEMBROKE PINES, FL 33024 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: SINGH, BALDEV MD  
Address: 2750 MEADOWOOD DR  
City-St-Zip: WESTON, FL 33332

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: BALDEV SINGH MD

D

06/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date