## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159640

Entity Name: KAPIL PURI, M.D., P.A.

FILED Apr 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

342 OAKLAKE LN. 131 REDSTONE AVE NICEVILLE, FL 32578 US

SUITE 102

CRESTVIEW, FL 32539 US

**Current Mailing Address:** New Mailing Address:

4322 SUNSET BEACH CIRCLE 342 OAKLAKE LN. NICEVILLE, FL 32578 US NICEVILLE, FL 32578

FEI Number: 20-1947706 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PURI, KAPIL PURI, KAPIL 342 ÓAKLAKE LN. 4322 SUNSET BEACH CIRCLE NICEVILLE, FL 32578 US NICEVILLE, FL 32578

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: KAPIL PURI 04/25/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-D () Delete Title: (X) Change ( ) Addition

PURI, KAPIL PURI, KAPIL Name: Name:

342 OAKLAKE LN. Address: 4322 SUNSET BEACH CIRCLE Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: KAPIL PURI MR 04/25/2005