

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025370

Entity Name: EYYUNNI, P.A.

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

201 HEALTH PARK BLVD,
SUITE # 214
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 860007
ST. AUGUSTINE, FL 320860007

New Mailing Address:

FEI Number: 20-2354499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN MANNA & DIAMOND, P.L.
THE SUN TRUST BUILDING
76 S. LAURA STREET, SUITE 1700
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EYYUNNI, RAMANUJAM
Address: 201 HEALTH PARK BLVD., SUITE 214
City-St-Zip: ST. AUGUSTINE, FL 320865797

Title: D () Delete
Name: EYYUNNI, UMA
Address: 201 HEALTH PARK BLVD., SUITE 214
City-St-Zip: ST. AUGUSTINE, FL 320865797

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAMANUJAM EYYUNNI

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date