

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000025370

Entity Name: EYYUNNI, P.A.

**FILED**  
**Apr 19, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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: RAMANUJAM EYYUNNI

DIRE

04/19/2011

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

\_\_\_\_\_  
Date