

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064716

Entity Name: NITIN BAWA P.A.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

45 SUGAR SAND LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459 US

## New Principal Place of Business:

## Current Mailing Address:

45 SUGAR SAND LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459 US

## New Mailing Address:

FEI Number: 20-2780694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAWA, NITIN  
45 SUGAR SAND LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459 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: PVD ( ) Delete  
Name: BAWA, NITIN  
Address: 45 SUGAR SAND LANE, SUITE A  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: ST ( ) Delete  
Name: BAWA, NITIN  
Address: 534 DRIFTWOOD POINT ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

## 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: NITIN BAWA

MD

04/15/2009

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

\_\_\_\_\_  
Date