

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90001 020 \*\*\*550.00

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|  |  |                     |  |  |  |
|--|--|---------------------|--|--|--|
| <b>DOCUMENT # P05000121396</b><br>1. Entity Name<br>NEERU ARORA MD P.A.  |  |                     |  |  |  |
| Principal Place of Business<br>3849 TIMUQUANA ROAD<br>JACKSONVILLE, FL 32210   |  |                     | Mailing Address<br>3849 TIMUQUANA ROAD<br>JACKSONVILLE, FL 32210   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |  |  |
| City & State   |  | City & State        |  | 07092007    Chg-P    CR2E034 (12/06)   |  |
| Zip  |  | Country             |  | 4. FEI Number<br>20-3421779  |  |
| Zip  |  | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>ARORA, NEERU<br>3849 TIMUQUANA ROAD<br>JACKSONVILLE, FL 32210   |  |                     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |                     |  |  |  |
| SIGNATURE: <u><i>Neeru Arora</i></u> DATE: <u>4-8-07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ARORA, NEERU<br>3849 TIMUQUANA ROAD<br>JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                     |  |  |  |
| SIGNATURE: <u><i>Neeru Arora</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                     | Date: <u>4-8-07</u> Daytime Phone #: <u>904-708-0161</u>   |  |  |