

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000145586

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** KAKALI MEDICAL ASSOCIATION INC

**Current Principal Place of Business:**

510 HOWARD COURT  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

510 HOWARD COURT  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 76-0807418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIRD, ZACHARY C  
50 HOWARD COURT  
SARASOTA, FL 34236 US

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

BIRD, ZACHARY C  
510 HOWARD COURT  
SARASOTA, FL 34236 US

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

01/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIRD, ZACHARY  
Address: 510 HOWARD COURT  
City-St-Zip: SARASOTA, FL 34236

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: ZACH BIRD

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

PRES

01/17/2011

\_\_\_\_\_  
Date